| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11942866 | 06/28/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**COURTYARDS ASSISTED LIVING (THE)** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**26455 RAMPART BLVD.**<br>**PUNTA GORDA, FL 33983** | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

**0000 Initial Comments**

An unannounced complaint survey for CCR #2016005351 was conducted through / at The Courtyards Assisted Living, an assisted living facility (license #7326) in Punta Gorda, Florida.

The complaint contained 3 allegations, of which 3 were substantiated with deficiencies.

Two deficiencies (A0030 and A0152) related to this survey can be found documented under the follow up survey which was completed in conjunction with this survey. Please see survey Event ID 9YN812.

The following is description of the deficiencies:

**0028 Resident Care - Activities of Daily Living**

Based on observation, record review, and interview, the facility failed to offer supervision of or assistance with activities of daily living as needed by each resident for 1 (Resident #10) of 3 residents reviewed.

The findings included:

Record review of Agency for Health Care Administration (AHCA), Health Assessment Form 1823 dated / / indicated Resident #10 needed assistance with bathing, dressing, eating, self-care ( ) and toileting.
On at 1:21 p.m., Resident #10 was sitting in her watching television with a large amount of dried brownish food to the right side of her face, neck and on her shirt. Her were noted to be thick with , , .
On at 3:47 p.m., Resident #10's daughter said in the past her mother's have been a disaster and typically she has dirty hands. She said she has never seen any staff help her mother eat or cut up her food. Daughter feels if she is not there, then her mother can't eat and she has had a 22 pound weight loss. Daughter said she did talk with the Administrator about the lack of care and his response was to blame it on the supervisors.
On / at 9:26 a.m., Resident #10 was in her sitting in chair, head bowed, with the television on and wet oatmeal stuck on her chin and dribbled on her neck and chest. When she smiled oatmeal and , , were observed on her . The resident giggled and was unable to answer when asked if anyone helped her with breakfast this morning.
On at 9:35 a.m., Staff H said she did not help Resident #10 with breakfast this morning because she can feed herself. Staff H also said she cleaned Resident #10's face this morning.
On at 12:25 p.m., Resident #10 was observed in dining . No one was assisting the

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SUMMARY STATEMENT OF DEFICIENCIES
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resident to eat. The resident was eating off the plate by herself with her fingers. The foods served were not finger foods.
On / at 12:37 p.m., Staff C said Resident #10 was an assist with toileting and they bring her to the 2 hours. Staff C said Resident #10 was independent with eating. Staff C said she was not aware the physician indicated assist with feeding on the AHCA Health Assessment Form 1823. She said she will talk to her staff to tell them she is an assist with feeding.
On / at 5:15 p.m., staff was observed passing bags of potato chips to residents at the tables. Resident #10 was seated with other residents with no staff present. The bag of potato chips was placed in front of her unopened and staff walked away. Resident #10 attempted to open the bag and dropped it on the floor. She was unable to open the bag on her own.
On at 9:45 a.m., the Administrator confirmed Resident #10 is not independent and needs assistance. He further agrees it states this on the 1823 form. He said he will speak with staff.

Class III

**0161 Records - Staff**

Based on record review and interview, the facility failed to maintain records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity.

The findings included:

On at 1:00 p.m., payroll/time cards were requested by surveyors from the Administrator for - / and / - present.

On 1:15 p.m., the information was requested again with the explanation of what was being requested and the purpose. At that time the Administrator said he had schedules. He was advised , it was staff time sheets being requested. He said he misunderstood what was being looked for and he would have to call the payroll company and have them fax them.

On at 7:00 p.m., during the exit interview, the Administrator then provided surveyors with an employee pay history for / - . The documents only specified total hours worked in a week and amount of pay received, but did not have the specific hours per day worked for the dates specified.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Courtyards Assisted Living (the)
26455 Rampart Blvd.
Punta Gorda, FL 33983

**RE: CCR #2016005351**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Laura Wentz for
Jon Seehawer, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

Fort Myers Field Office
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Fort Myers, FL 33901
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