STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942866	R 06/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS ASSISTED LIVING (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

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

0000 Initial Comments

An unannounced revisit survey was conducted on through / at The Courtyard Assisted Living, an assisted living facility (license #7326) in Punta Gorda, Florida. This was a follow-up to the Biennial survey completed on .

The following is description of the deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure resident health assessments were complete for 1 (Resident #25) of 3 resident records reviewed.

The findings included:

Record review on for Resident #25 revealed the Health Assessment AHCA Form 1823, dated / was missing information on the medication assistance needs of the resident.

On / at 6:00 p.m., the Administrator said he is the one who reviews the AHCA Form 1823's when there is a new resident. He said he was not aware that the information was not filled out.

Class III

0026 Resident Care - Social & Leisure Activities

Based on record review, observation and interview, the facility failed to provide an ongoing activities program at least 6 days a week for 3 (Residents #1, #23 and a random anonymous interview) of 16 residents interviewed.

The findings included:

Review of Activities Calendar for indicated: 9-9:30 morning news, - Walmart, - jewelry making, 1:15-2 one on one, 2-3:00 Bingo. The activity calendar for showed 9-9:30 morning news, 10-11:30 nails, 1:15-2 one on one, 2-3:00 bingo.

On at 9:45 a.m., there was no morning news activity being offered. However, 4 residents were observed boarding the van for a Walmart trip. At 10:30 a.m. there was no jewelry making activity was being offered. At 2:18 p.m. 6 residents were observed playing bingo in the dining .

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

On at 9:45 a.m. there was no morning news activity being offered. At 10:45 a.m., 1 resident was observed having the nails done by the activity director.

On at 1:35 p.m., Resident #23 said there are really no activities. He said, one time they did bring in some people to play music. He said he had suggested a movie and popping some popcorn. Resident #23 sated, "I don't know if he's too cheap to rent a movie or what, but nothing happened. I complained to the owner, he yelled at me and said if you don't like it go somewhere else."

On at 11:01 a.m., a random resident, who wished to remain confidential, said the new activities director tries to do things, but the administrator pulls her a lot to be a (resident aide). The resident stated "How is she supposed to do activities when she's pulled? There are about 30 empty DVD cases. We have a DVD player but no movies. I suggested Netflix for $9 a month, but trying to get him to spend money is impossible. He doesn't provide her [activity director] with a budget." The resident also said some residents are unable to go to outings because of their wheelchair and the van here doesn't have a lift. If she wants to participate in outings she has to pay for her own transportation.

On at 1:20 p.m., Resident #1 said he's not very interested in the activities. He said they do nails a lot, but he doesn't want his nails done, nor is he interested in jewelry making. He said he would be interested in playing cards and he had told this to the activity director, but it has never been put on the calendar.

On at 10:45 a.m., the Activities Director said morning news was only done a couple of times. It was a resident doing it, but he didn't continue. She explained the activity titled 'One on One' is when she works with one resident doing whatever they want to do, usually putting away clothes. She explained jewelry making wasn't done because it's usually only one person who does it. Said she is occasionally pulled to be a and helps everyday with breakfast and lunch. She says she does not have a budget to do activities and the fact that there is no wheelchair transport available makes it hard.

Review of the Resident Council meeting minutes revealed residents have been asking to have the outdoor gazebo and shuffleboard areas fixed. They have also asked about acquiring library cards and then using that as an outing. The minutes also show residents asking for more activities including crafts, gardening and a horseshoe pit.

On at 5:38 p.m., the Administrator said they had been trying with the activities and the ombudsman had been here about it too. He said they have been asking Resident Council to give them things they would like to do. he said, "It's a continuous thing talking to the residents. We are getting more & more young people and their interests conflict. We don't say no to anything that they ask for that

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NAME OF PROVIDER OR SUPPLIER **COURTYARDS ASSISTED LIVING (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **26455 RAMPART BLVD.** **PUNTA GORDA, FL 33983**	

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

is reasonable." There was no answer as to why the shuffle board, gazebo, horseshoe pits were not fixed.

Class III

0027 Resident Care - Arrangement for Health Care

Based on record, review and interviews, the facility failed to assist resident with arranging medical appointment and transportation for 2 (Resident #2, #4, and #28) of 16 residents interviewed. Failure to assist with arrangements for medical and transportation needed make prevent residents from obtaining needed medical interventions.

The findings included:

Record review of Resident #2 and #4 contract stated on page 2: Transportation: The courtyard will provide transportation for shopping, banking and doctors' appointments on a regularly scheduled basis as determined by the Administrator.

On at 2:30 p.m. Resident #4 said she can't participate in the outside activities because they have no lift in the van and they won't help her in the van. She said staff say they are not allowed to touch me. She said she has to pay to go to the doctor and doesn't think that is fair, and feels she should get a refund or something off her bill. If she wants to participate in outings she has to pay for her own transportation and she doesn't have the money.

On at 4:20 p.m. Resident #2 said he had to pay for a taxi ride home from the Emergency . The facility would not pick him up.

On at 6:35 p.m. Resident #28 said he had to pay #20.00 out of pocket to take a taxi to come back fromthe ER today. He said he only get $100.00 a month, and should not have to pay to come home.

2. On at 5:38 p.m. the Administrator said residents have been informed that there is not a bus with a lift and it is not safe for us to lift them into the van. They have to be able to board a van and we have to do what is safe for them. We don't pay for them to go to the doctor because we have an inside doctor. They have to make their own reservations with the county transportation and pay for that by themselves.
The administrator failed to promote the resident's right to choice and failed to ensure transportation, including Medicaid transportation was arranged for the residents.

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	AL11942866	R 06/28/2016
NAME OF PROVIDER OR SUPPLIER COURTYARDS ASSISTED LIVING (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 26455 RAMPART BLVD. PUNTA GORDA, FL 33983	

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

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview, the facility failed to implement a grievance procedure for receiving and responding to resident complaints, which allows residents to present grievances and recommend changes in policies, procedures, and services to the staff of the facility without intimidation for 6 (Residents #1, #2, #4, #18, #23, #26) of 16 residents interviewed including the failure to respond to a request for 1 (Resident #26); and failure to prevent the loss of personal items for 2 (Resident #1 and #2) resident; and failure to promote each resident's right to choose their physician for 2 (Resident #2, #4 and #28) of 16 residents interviewed.

The findings included:

1. Record review of the facility admission packet found the facility's grievance procedure requires that a complaint should be in writing, contain the name and address of the person filing the report, and briefly describe the alleged action. It provides no provision for resident's who are unable to write.

On / at 10:30 a.m., Resident #2, she said as far as reporting anything to staff, it is very ineffective. She said she just had to buy new towels because she had a few that never returned from the laundry. She said she told them about her missing towels. They just said they would look for them. She said residents are not allowed to do their own laundry, they are not allowed to use the equipment. She said they have no grievance forms for the residents to fill out.

On at 11:25 a.m., Resident #4 said that she has gone a week and a half without a bath. She said she complained about it to Staff C who said she left a note for the night shift, but she still did not get a shower. She requires assistance with showers. Review of the facility shower forms shows the Resident #4 had gone 10 days without a shower.

On at 1:35 p.m., Resident #23 said he complained to the owner about the lack of activities. Resident #23 said the administrator replied, "If you don't like it, go somewhere else."

On at 1:45 p.m., Resident #26 says she was admitted to the facility recently. Her has a skin issue and a cat. Resident #26 said she complained to the Administrator that she didn't want to stay in her of her 's cat. Resident #26 said the Administrator replied, "Well, there's the front door."

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SUMMARY STATEMENT OF DEFICIENCIES
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On [redacted] at 1:30 p.m., Resident #1 said that he complained to Staff C about a missing Afghan when he first came to the facility. She said they will keep looking for it but they never found it. He said, the residents have asked to do our own laundry but the Administrator says "No." Resident #1 said he also complained to the Administrator about a staff member's alleged [redacted]. He says he wrote a statement and did not hear anything back. All they said was they "handled it."

On [redacted] at 5:45 p.m., the brother of Resident #18 said a few weeks ago he complained to front desk staff regarding is brother's laundry being laundered and left wet in the basket. He says he complained to the lady at the front desk, but her excuse was, "The dryer is on the fritz." He says the laundry is always left in the [redacted] this basket. It is not folded and put away in the drawers or hung up. He says it only gets put up when family comes to visit. There was never any follow up.

Review of the facility grievance log contained only grievances dated 2014 back to 2008. There was no documentation of any of the grievances reported to the staff by the residents within the last 2 years. There was no documentation of any of the grievances above that residents reported to staff on paper or verbally.

Review of the Resident Council Meeting minutes reveals residents' complaints about items missing from their laundry and clothes being left unfolded or not put away properly. Residents were also requesting access to the washer and dryer so they can wash their own items. It is noted, "No-Insurance purposes."

On [redacted] at 1:25 PM, Staff J did not know what a grievance was. After it was explained, she said that she would report a grievance to the supervisor and would not necessarily write it down if she could take care of it.

On [redacted] at 3:30 p.m., Supervisor, Staff C said to file a grievance, the resident puts it in writing and it is given to the Administrator and he deals with it. She confirmed that there have been grievances written up and given to the Administrator since 2014.

On [redacted] at 6:00 p.m., the Administrator said that they try to solve grievances verbally. If they can't, they write it down so its official and they can call the Ombudsman. He says "If they don't write it down, it won't enter the grievance log." In regards to Resident #1, the Administrator said the allegation was not written down anywhere because it was a verbal thing. There was no answer as to why there were no grievances found in the log provided for review.
2. Record review of Resident #2 and #4 contract stated on page 2: Transportation: The courtyard will provide transportation for shopping, banking and doctors' appointments on a regularly scheduled basis as determined by the Administrator.

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

On at 2:30 p.m. Resident #4 said she can't participate in the outside activities because they have no lift in the van and they won't help her in the van. She said staff say they are not allowed to touch me. She said she has to pay to go to the doctor and doesn't think that is fair, and feels she should get a refund or something off her bill. If she wants to participate in outings she has to pay for her own transportation and she doesn't have the money.

On at 4:20 p.m. Resident #2 said he had to pay for a taxi ride home from the Emergency . The facility would not pick him up.

On at 6:35 p.m. Resident #28 said he had to pay #20.00 out of pocket to take a taxi to come back fromthe ER today. He said he only get $100.00 a month, and should not have to pay to come home.

On at 5:38 p.m. the Administrator said residents have been informed that there is not a bus with a lift and it is not safe for us to lift them into the van. They have to be able to board a van and we have to do what is safe for them. We don't pay for them to go to the doctor because we have an inside doctor. They have to make their own reservations with the county transportation and pay for that by themselves. The administrator failed to promote the resident's right to choice and failed to ensure transportation including Medicaid transportation.
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment, maintained free of hazards and ensure that all existing electrical structures are maintained in good working order for both of the two wings of the facility. The facility also failed to provide linens to a resident who required them.

The findings included:

During tour of the facility on at 12:30 p.m., the following was observed:
1. was noted to have 4 comforters on the bed covering the mattress. There were no flat or fitted sheets on the bed.

2. There was a malodorous smell throughout the facility.

3. There were flies throughout the facility and were noted to land on residents and their food during meals. A fly swatter was noted on the reception desk.

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SUMMARY STATEMENT OF DEFICIENCIES
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4. The smoking area chairs were very dirty. One chair was noted to have what looked like dried on the leg.

5. The door to the courtyard and the door from the dining the courtyard were found to be dented, dirty with peeling paint. The adjacent walls had gouged drywall.

6. 100, 102, 106, 110, 118, 119 and 120, 126, 139, and 144 were found to have stained, dirty linoleum in the .

7. Toilets in 102, and 106, were observed to have dried fecal matter.

8. Activity , the call light unit was held in place with electrical tape and screws.

9. Discolored, peeling caulking was observed behind the faucets in 139, 102, 114, 145 (activity). was also noted to have black bio-growth around the back of the sink.

10. 110, 116, 144 had highly stained carpets.

11. the linens were haphazardly placed in closets. The coving was peeling off in the , and a cap was missing off the ceiling fan control.

12. , a shared , had a used bandage in the shower and stains on frame and floor.

13. the floor matt in front of sink was highly stained and the facing of the raised area next to the sink is peeling off.

14. had a crack in the lower portion of the shower stall.

15. had stained shower floor, and coving peeling off next to the shower and black drag marks on the linoleum.

16. had an unidentified junction box and piping hang/sticking out from the wall.

17. had wall damage in the bottom corner leading to the , scuff marks on the walls and coving discolored in the . There was a bowl behind the toilet. The metal on the bottom portion inside the had been damaged and held in place with tape.

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18. the sink drain was clogged.

19. has a cracked mirror, coving peeling off in area around sink, stain noted on shower curtain, linoleum peeling off the raised area nest to sink. The air conditioning was blowing out warm air.

20. The cover for the light was missing in the hallway outside the activity .

21. The carpeted areas in the hallways were observed to have large stained areas throughout the facility.

During an interview on at 12:15 p.m., the housekeeper said she is the only housekeeper in the facility. She said she scrubbed the floors listed in the previous citation as best she could. She said she was responsible for the weekly cleaning of the which include: cleaning the , sink, and window sills, and wiping down the counters and tables (if residents remove their things) otherwise she wipes around them. She was also responsible for vacuuming the floors. She does not shampoo the carpets. She said the Resident Assistants are supposed to clean up what they see needs cleaning. She said she has extra linens in her closet that she can provide for the residents.

During an interview on at 11:45 a.m., the Maintenance employee said he is the only maintenance worker and only works part-time. He said he was doing everything that was cited last visit and an outside company was hired to replace the linoleum in some but he still has one do. When asked about the other identified during during this survey, he confirmed he corrected only what was cited originally and he does not know of any plans to change any flooring in the other or any plans to handle any other issues. He said he has no regular maintenance schedule he follows. He said he does what is in the maintenance log book and what the residents verbally ask him to do. He did not know the purpose of the junction box and piping protruding from the wall in . He confirmed that the air conditioner in is not working and the hot. He said there are also others that are not working.

During an interview on at 7:00 p.m., the Administrator confirmed he had not completed correcting the issues identified during the last survey. He said the resident assistants may not be doing the cleaning on a daily basis. He also confirmed there was no plan in place to identify and correct all the housekeeping and maintenance issues in the building. He said he has ordered bug zappers to deal with the flies, but the residents cause them when they waste coffee and juice in the smoking area.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Resident Contracts

Based on record review and interview, the facility failed to provide services as outlined in the contract for 4 (Residents #2, #4, and #5) of 16 residents reviewed. The facility also failed to include all required information in the facility contract. Lack of the required information may lead to an uninformed resident, not contracting for all services needed, or assuming services and rights not provided.

The findings included:

1. Review of the facility contract revealed: A. The contract had a fee with no purpose noted for these advanced payments. B. The contract provided for daily housekeeping of the residents . The handbook said weekly housekeeping.

2. Record review of Resident #2, #4 and #5's contract stated on page 2: Transportation: The courtyard will provide transportation for shopping, banking and doctors' appointments on a regularly scheduled basis as determined by the Administrator.

On at 2:30 p.m. Resident #4 said she can't participate in the outside activities because they have no lift in the van and they won't help her in the van. She said staff say they are not allowed to touch me. She said she has to pay to go to the doctor and doesn't think that is fair, and feels she should get a refund or something off her bill. If she wants to participate in outings she has to pay for her own transportation and she doesn't have the money.

On at 4:20 p.m. Resident #2 said he is able to go to Walmart or other trips only when his knees are good, but if it's a day he has to stay in the wheelchair, then he can't go because the van doesn't have a lift. He also said he had to pay for a taxi ride home from the Emergency

On at 4:28 p.m. Resident #5 said he is not able to go on the Walmart or other trips because he is in a wheelchair. He said he had to call dial-a-ride and pay out of his pocket to go.

3. On at 5:38 p.m. the Administrator stated, "We never charge a fee, but it is for if the soils or damages the . The resident aides ( ) are supposed to clean every day and the housekeeper is to do a deeper clean weekly. There is no exact boundary, because if it's dirty and it's not their day the is supposed to clean." The Administrator said residents have been informed that there is not a bus with a lift and it is not safe for us to lift them into the van. They have to be able to board a van and we have to do what is safe for them. We don't pay for them to go to the doctor because we have an inside doctor. They have to make their own reservations with the county transportation and pay for that by themselves.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

Z814 Background Screening Clearinghouse

Based on record review and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse and report any changes of status within 10 business days for 3 (Staff A, B, and I) of 19 staff employed over 10 days.

The findings included:

Review of current staff list provided by the Administrator showed 21 current employees. The Agency for Health Care Administration (AHCA) Background Screening Roster provided by the Administrator showed 16 employees. Of the 19 current employees employed over 10 days, 3 (Staffs A, B, and I) were not listed on the Background Screening Roster. Staff A was employed on as a resident assistant. Staff B was employed on as a resident assistant. Staff I was employed on as a housekeeper.

On at 7 p.m. the Administrator stated, "I don't know why it doesn't show, I update it on the individual and it goes into the roster. You just do the individual and for whatever reason it doesn't go on the roster. I cannot put it in the roster, it's your computer that has a problem. Some enter and some do not, I don't know why. I've noticed sometimes it takes days or weeks to go on the roster, it doesn't automatically go in there when you type it."

Unclassified

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11942866 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS ASSISTED LIVING (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0009	Correction	ID Prefix A0025	Correction	ID Prefix A0078	Correction
Reg. # 58A-5.0181(3) FAC; 400.0078(2)	Completed	Reg. # 429.26(7) FS; 58A-5.0182(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0085	Correction	ID Prefix A0090	Correction	ID Prefix A0091	Correction
Reg. # 58A-5.0191(6) FAC	Completed	Reg. # 58A-5.0191(11) FAC	Completed	Reg. # 58A-5.0191(12) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix A0161	Correction	ID Prefix AZ813	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed	Reg. # 59A-35.090(3)(c), FAC	Completed
LSC		LSC		LSC	
ID Prefix AZ816	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 408.809(2)(a-c) FS	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			Tamika Strickland	7-15-16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 5/3/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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,

Jon Seehawer, RN
Field Office Manager

JS:
Enclosure: State (5000-3547) Form

BBT7

Fort Myers Field Office
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Fort Myers, FL 33901
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