RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Courtyard Manor
140 W 28 Street
Hialeah, FL 33010

Dear Administrator:

This letter reports the findings of a Financial Monitoring licensure survey that was conducted on , 2016 by representative(s) 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	09/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD MANOR	**140 W 28 STREET HIALEAH, FL 33010**

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

0000 Initial Comments

A Financial Monitoring Survey was conducted on / and concluded on . Courtyard Manor Retirement with Limited Mental Health component, (license # 9753) had the following deficiency found at the time of survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation, record review, and interviews, the facility failed to provide a safe and decent living environment for residents. The facility failed to ensure that the roof was not leaking and a resident not have bed bugs.
Finding included:
During a tour of the facility on at 10:05 AM, the following conditions were observed:
strong cigarette smell, the cigarette butts.
observed a cat litter box which had a strong odor of feces and odor. The 's ceiling was peeling.
-A ceiling was peeling located near of the fire with water leaking down the wall, behind the resident bed which had electric outlet
observed the ceiling damage (breakdown in that area).
black substances on the ceiling which appeared to be mold.
During an interview on at 11:07 AM Resident #1 stated "it is a lot of water that get in to here. My clothes get wet most of the time. The running water is liked that for over a month. Staff know that the ceiling is leaking."
observed on top of the resident's bed had a cracked ceiling.
-A and B common have broken tiles.
observed ceiling with big hole, cracked, and a black substance on that area which appeared to be mold.
-B observed both residents sitting in bed having a conversation. Both residents were complaining that they needed new furniture because their were broken.
On / at 11:30 AM interview with Residents #5 and #6. Residents #5 and #6 stated they spray the walls for bed bug and the to be painted.
During an interview on at 12:50 PM Resident #2 stated "I had bed bug in my , # 7."
During an interview on at 12:12 PM, the facility's Administrator acknowledged deficiencies found during survey. The Administrator stated, "it been raining a lot. The residents' beds were located in were the water did not leak. It got worse for with the rain."
During an interview on at 9:11 AM Resident #1 stated, "I have been here for 6 months, and there is a big leak over my bed, and my stuff get wet when it start leaking but I move it. The leak is worse when it rains, they told me they are working on fixing it."

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

During an interview on at 9:23 AM Resident #12 stated, "I have been here for a while, there is a leak in my , and when it rains it gets worse."
During an interview on at 10:28 AM Resident #3 stated, "there were bed bugs in my , so they removed my mattress and they fumigated the place."
On was received a health department report dated stated, "remove/ eliminate live bed bugs (2) observed in # located in wall panel."
Class III