| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11953384 | 10/20/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**COURTYARD MANOR** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**140 W 28 STREET**<br>**HIALEAH, FL 33010** | |

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

**0000 Initial Comments**

A complaint Investigation Survey CCR#2016010659 was conducted on . Courtyard Manor with a Limited mental Health component, License # 5947 had the following deficiency found at the time of the survey:

**0030 Resident Care - Rights & Facility Procedures**

Based on interview and record review, the facility failed to provide 45 days notice prior to discharging a resident for 1 out of 15 sampled residents (Resident #1).

Findings included:

On at 10:07 AM the Administrator stated, Resident #1 was sent to the hospital under on because she flooded her , was very aggressive and was mistreating the other residents. The Administrator further stated that Resident #1's daughter was informed about this and was told that the resident was going to be given the 45 day notice. The Administrator stated that Resident #1's daughter refused to pick up the 45 day notice. The Administrator further stated that, because the resident was discharged on / , the facility prorated the payment and whatever was left was sent back to SSI.
Record review shows Resident #1, Date of Birth (DOB) was admitted to the facility on . Her record contained the Admission, Retention and Discharge Policy. There was no documentation between the resident and the facility stating that Resident #1 would not return to the facility or that was given a discharged. Further record review showed that the facility did not provide any documentation showing that a refund had been issued.

On / at 10:16 AM by telephone, Resident #1's daughter stated that the problem was that the facility never gave Resident #1 the 45 days ' notice and that that the facility claimed to returned the check to the Social Security Administration (SSI). She further stated that she contacted SSI and they told her they had to investigate it and this will take a few months.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Courtyard Manor
140 W 28 Street
Hialeah, FL 33010

**RE: CCR #2016010659**

Dear Administrator:

This letter reports the findings of a complaint state 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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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