STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**09/01/2017**

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 wellness monitoring survey conducted on through . Courtyard Manor Retirement with Limited Mental Health component, (license # 9753) had the following deficiencies found at the time of survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to appoint a Manager for the facility who did not administer another facility.

Findings included:

A review of the Facility Provider locator database showed that the facility's Administrator managed 2 facilities.

During employees record review was revealed that Staff D had been the manager since , 2016, and she took the CORE training for administrators on but she had not passed the test.

On at 1:00 PM the administrator stated that Staff D had schedule to take the test next month and as soon as she passed it she would inform the Agency for Health Care Administration.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on observation, record review and interview the facility failed to ensure that one out of four sampled employees (Staff B) had received training on Assisting Residents with Activities of Daily Living (ADL's), Elopement, Emergency Preparedness and Evacuation, Incident Report, Resident Rights, Recognizing/Reporting , Neglect & , Nutrition prior to provide any personal/direct care to residents.

Findings included:

Staff record reviewed revealed that Staff B, (hired date) was scheduled to be caring for the residents. No documentation of any training was in the employee's file.

On at 11:45 AM, the Administrator stated that this staff member came from another facility and that she had all these trainings up to date. She further stated that she did not know where she put the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET HIALEAH, FL 33010**	

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

documentation, but she was going to get it.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation, record review and interviews, the facility failed to provide a safe and decent living environment for 83 residents . The facility did not maintain the physical plant conditions in accordance with statute 429.28(1) (a), F.S. Several resident were observed to have leaks, cracked or peeling plaster or paint, yellow and black substances on the ceiling and other needed repairs. The facility had bedbugs. The facility failed to give residents the option of using their own belongings. The facility failed to provide clean mattress, or linens that were free of stains and were not .

Finding included:

During a tour of the facility on at 10:36 A.M, the following conditions were observed:

observed two or three cats inside and outside of this and all on one side of the facility.

did not have nightstands for the residents.

-B had a ripped comforter on a resident's beds and a dirty .

had a cracked paint and a cracked floor in the closet. The residents did not have dressers. There was a worn ( ) blanket on bed # 3 and broken blinds at the window.

-There was a missing nightstand and the ceiling area needed to be painted.

-B had a closet knob missing, and the closet door didn't close well. The only one nightstand and no dressers. The dirty and there was broken tile in the shower. The faucet had a heavy (running) drip of water.

-B had no dressers and in the , at the entrance to the shower, the tile was falling apart.

-B one dresser had a missing drawer.

had 3 beds, two of the beds placed head to foot and does no had personal space in between

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET HIALEAH, FL 33010**	

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

and closet flooring was not there and missing baseboards.

had foul odor, broken floor linoleum. Observed two old and cracked pillows on bed #2. The had missing paint and a running toilet.

had four beds, a foul odor and crack in the .

had four beds, and there was less than 30 square feet of personal space between beds for each resident. The like smoke.

had nightstands with broken drawers. There were no dressers. The broken tile in the shower.

An overflow dining five chairs with torn seating. The walls and doors needed painting.

Observed several with black plastic bags that contained resident's personal belongings laying in common areas.

In # , a window had missing blinds. The resident had covered the window with a white bed sheet because the window face the courtyard, a common area.

had a black substance resembling dust around the air conditioner vent.

During an interview on at 10:45 A.M., the Manager stated "furniture is piled up for the pest control issue."
Resident #1 stated "the manager is holding up my property. They took my personal clothes and others, because the pest control exterminator been working in here and they did not give it back to me. " It's been like a week ago that they had my alarm clock that wakes me up every morning, and my clothes in those bags. We are using only one dining the other dining leaks.

During an interview on at 11:27 A.M., the Administrator stated "this dining when it rains. They are working in changing the roof. We received few estimates but still we have the issue."

A review of pest control records revealed that 6 (#11, #12, #13, #14, #15, and #20) were treated for bedbugs on . The Administrator said that she believed the were treated for preventive measures because a couple of those residents were hoarders.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	09/01/2017
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET** **HIALEAH, FL 33010**	

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

On at 1:18 PM the pest's control company Supervisor stated that they'd just started working with the facility about a month ago. They had found bedbugs in two , and had to fumigate the whole line to make sure to kill the bugs. He stated that he sprayed the whole building for regular pests. # and #12 had bedbugs in the headboard.

During an interview on at 11:30 A.M., the Administrator said "there are 5 cats living onsite." Shot records requested but were not provided, as the administrator said they were at the vet's office. She said that photos of the cats for whom they had shot records were also at the vet's office, and she was sending someone to get them.

Record review of the a report from a state agency dated showed an unsatisfactory health inspection report for the following reasons:

#6: Hot and running water under pressure and at unsafe temperatures.

#16 food -- clean and sanitize interior.

#17: Maintenance damaged flooring in , crack in ceiling, clean soiled walls, peeling paint on wall, provide adequate lighting, blinds and furniture accumulating dust, air conditioner conducts, broken ceramic towel hangers.

#24 sanitary liquid soap missing from hand sink.

27 presence of infestation of live bed bugs found in #21, #5, #19. The presences of mosquitos in # , #13, #12, # 16, # 17, # 18, # 19, # 20.

#29 bed had disrepaired matter.

#30 heavily soiled linen in # and 6-A, fecal spots from bed bugs on box spring covers in # , # 21, # 19.

34 dust and buildup behind drawers in laundry .

#45 observed three cats onsite, as per person in charge there are five cats onsite. Maintain on file records of current .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**09/01/2017**
NAME OF PROVIDER OR SUPPLIER **COURTYARD MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **140 W 28 STREET** **HIALEAH, FL 33010**	

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

Class III