STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953384	**09/25/2017**
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)

0000 - Initial Comments

A Complaint (CCR#2017006416 & 2017004002) Survey was conducted on and concluded on . Courtyard Manor Retirement (5947) with Limited Mental Health component had deficiencies identified at time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have policy and procedure on precautions for three out of fourteen (#12, 13, & 14) sampled residents who have a history of .

Findings included:

Record review found Resident #12 in the facility on & then sent to the hospital. Resident #13 on , , fainted on , on and on then sent to the hospital. Resident #13's health assessment dated indicated precautions were needed. Resident #13 needed assistance with ambulation, bathing, dressing, self-care ( ) and toileting. Resident #14 on . The facility had no policies or procedure in place for resident who have or have precautions in the facility.

On at 4:30 PM the Administrator stated, "I will be honest with you. We have no policy in place that we implemented when these residents . We just inform the staff to do more rounds and keep a close watch on them and advise the residents to be careful. If they need more assistance to call the staff, for help."

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to submit 1 day and 15 day full reports for two out of fourteen (#12 & #13) sampled residents who have a history of .

Findings included:

Record review found Resident #12 in the facility on & then sent to the hospital. Resident #13 on , , fainted on , on and on then sent to the hospital. Resident #13's health assessment dated indicated precautions were needed. Resident #13 needed assistance with ambulation, bathing, dressing, self-care ( ) and toileting.

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

On at 4:30 PM the Administrator stated, "I will be honest with you. We have no policy in place that we implemented when these residents ."

The facility did not have submit incident reports after residents #12 and #13 and were sent to the hospital.

Class III