

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953384	(X3) DATE SURVEY COMPLETED R 11/20/2017
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 Wellness Monitoring Survey Revisit was conducted on 20, 2017. Courtyard Manor Retirement (license # 9753) with Limited Mental Health component had an uncorrected deficiency identified at the time of survey. 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings included: During a tour of the facility on at 9:15 AM observed in # the person from maintenance was working on a leak in the left wall at the end. On the maintenance person stated at 10:50 AM that the leaking was fixed. However a hole was open in the wall and needed to be closed. During tour of the facility on at 9:25 AM observed that in # the window was missing blinds and was covered by a wool sheet. On at 11:07 AM Resident # 7 stated that he broke the with a TV and that the administrator had told him that she would buy a new one. On the Administrator stated at 11:10 AM that all the curtains were replaced (observed during tour) but that Resident # 7 did not allow them to replace his. On at 9:20 AM observed in # the new dresser was missing a drawer. On the Administrator stated at 11:15 AM that the resident from # keeps taking the drawer out. On between 9:00 AM and 9:45 AM observed that most of the doors had scratches and needed to be painted. On the Administrator stated at 11:40 AM that they are going to paint the scratched doors.		

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Uncorrected. Class III		