STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942866	**03/27/2018**
NAME OF PROVIDER OR SUPPLIER **COURTYARDS ASSISTED LIVING (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **26455 RAMPART BLVD.** **PUNTA GORDA, FL 33983**	

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

0000 - Initial Comments

An unannounced biennial survey was conducted through at The Courtyards Assisted Living, an assisted living facility (license #7326) in Punta Gorda, Florida.

The following is a description of the deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure resident Health Assessment (1823) was complete for 1 (Resident #1) of 2 residents records reviewed.

The findings included:

Record review on for Resident #1 revealed a Health Assessment, AHCA Form 1823, that was dated . The section for nursing, treatment, and , , service requirements documented medication administration and section 2-B documented Resident #1 needed assistance with self-administration of medication. Information was missing under Section 2-B regarding medications and medication needs. "See attached" was documented in the section for medications and the medication list was not attached. The section titled "Certificate of Medicaid Necessary" on page 6 was not completed.

On at 11:15 a.m., the Administrator said the form was incorrectly completed and he will get a new one completed.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain a written statement from a health care provider documenting that newly hired staff do not have any signs or symptoms of communicable for 3 (Staff D, Staff E, and Staff F) out of 6 records reviewed. The facility also failed to ensure staff have a freedom from ( ) statement annually for 1 (Administrator) of 6 staff reviewed.

The findings included:

1. Record Review for Staff D found she was hired as a Resident Aide on 11/ . The personnel file

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contained no written statement from a health care provider documenting that Staff D does not have any signs or symptoms of communicable .

2. Record Review for Staff E found she was hired as a Resident Aide on . The personnel file contained no written statement from a health care provider documenting that Staff E does not have any signs or symptoms of communicable .

3. Record Review for Staff F found she was hired as a Resident Aide on . The personnel file contained no written statement from a health care provider documenting that Staff F does not have any signs or symptoms of communicable .

4. Record review revealed the Administrator was hired on . The Administrator had a test result from . This expired on . No other annual statement was in the staff's file.

On at 11:30 a.m., the Administrator said he is unsure why it was not obtained. He said he will resolve the issue as soon as possible.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that newly hired direct care staff receive at least 1 hour of training in the facility's policy and procedures regarding ( ) for 3 (Staff D, Staff E, and Staff F) of 6 staff reviewed.

The findings included:

1. Record Review showed Staff D had a hire date of 11/ . Staff D works as a Direct Care Aide and Activity Director. The personnel file contained no documentation that Staff E received at least 1 hour of training in the facility's policy and procedures regarding .

2. Record review showed Staff E was hired as a Direct Care Aide on . The record contains no training in the facility's policy and procedure for .

3. Record review showed Staff F was hired as a Direct Care Aide on . The record contains no training in the facility's policy and procedure for .

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4. On at 11:30 a.m., the Administrator verified the lack of trainings.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and staff interview, the facility failed to ensure all training certificates of any training required include the following documentation: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. location of the training program; 6. The trainers credentials and professional license number if applicable) for 3 (Staff D, Staff E, and Staff F) of 6 staff files reviewed.

The findings included:

A review of the personnel records of Resident Aide Staff D, Resident Aide Staff E, and Resident Aide Staff F found a paper log for each staff that listed trainings provided with hours and dates. The sheet was signed by the facility's Administrator. There was no certificates of trainings with the subject matter of the training, hours, location, and the agenda of each training. The documents also lacked the trainer's dated signature and the credentials of the trainer.

On at 11:30 a.m., the Administrator said he had been reviewed in the past and no one had pointed out the problem with the training documentation.

Class

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, record review, and staff interview, facility's Administrator failed to ensure food was stored in a safe and sanitary manner. This puts all residents who receive an oral diet in the facility at risk.

The findings included:

Observation on , with the facility's cook present, found the following:
1. Accumulated black residue in all edges of the floor, under cabinets, and against the walls.
2. Paint chipping off the edges at the food preparation area.
4. Accumulated ice in the facility's freezer and rust at the freezers exterior.
5. Accumulated dirt on the wall and the equipment near the dish washer.

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On at 1:19 p.m., the facility's cook said she thinks there is a problem with the freezer's gasket and it resulted in rusting and accumulation of ice in the freezer. She also acknowledged that the areas mentioned above needed to be cleaned.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and staff interview, facility failed to ensure the menu that was posted was dated a week in advance as it is required.

The findings included:

Observation during lunch on at 12:00 p.m., found that the menu posted in the facility's dining not dated a week in advance as it is required.

During a second observation on at 7:45 a.m., it was found that the menu posted was still not dated a week in advance.

During an interview on at 11:30 a.m., the Administrator acknowledged that the menu posted was not dated as it is required.

Class

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

Based on observation and staff interview, the facility failed to provide a home like environment for the residents.

The findings included:

During the initial tour on from 9:30 a.m. to 11:30 a.m., observation found the following:
1. A very strong odor of in the facility's main waiting area.
2. A very strong odor of and smoke in the East hallway. There was an outdoor covered smoking area between Hallway E and the dining . Multiple residents were observed smoking outside the door connecting Hallway E and the dining . As other residents were walking through from Hallway E to the dining , they were opening and closing the connecting doors. Subsequently smoke was

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coming in.
3. A very strong ..... in ..... # ...., #133, #138, and #139.
4. A very strong odor of in the facility's main dining .
5. In .. # ..., the closet drawers were off the hinges. Also, the pillow had no pillow case.
6. In # the drawers were off the hinges at the bed side table. Also, the sheets were not covering the whole bed and the mattress was exposed.
7. # B there was a brown stain on the sheets and a brown stain of unknown origin on the ..... .

During an interview on ..... at 2:30 p.m., Resident #9 said there are many smokers here and the hallways always smell like cigarette smoke. Resident #9 also added that the thresholds in doorways between the dining ..... the area outside the medication ..... hard to maneuver over in her wheelchair. She stated "I have to turn myself around and push backwards very hard to get over these thresholds."

During an interview on ..... at 11:30 a.m., the Administrator acknowledged the findings. He said he will make sure all issues identified will be addressed and corrected as soon as possible.

Class III

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