Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910708	A. BUILDING: _____ B. WING _____	03/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON ALF	1490 NW 21ST STREET FORT LAUDERDALE, FL 33311

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A 000	Initial Comments An unannounced Relicensure, Generator Assessment, Focused . . . . Control and licensure complaint survey, #2020006062 and # 2020014674 was conducted on . . . . . - . . at Horizon ALF. The facility had deficiencies identified at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide an ongoing activity program which is diversified for individual and group needs for the 44 residents currently residing in the facility. The findings included: On at 09:10 AM, a tour of the facility was conducted. It was revealed that the Activity Calendar was placed on the bulletin board in the main Dining Room. The following was scheduled: - : 03:00 PM, BINGO, Cards, Monopoly, Newspapers, and Magazines. The Surveyor exited the facility at 04:00 PM. The activities did not take place. (See attached calendar). On at 09:00 AM - 10:00 AM, Interviews were conducted with Resident's # 1 - # 5. The resident's stated that the facility has not conducted group activities since the start of the Pandemic (Coronavirus), . The residents indicated that they were bored, as they are unable to come and go as they please, in the community. On from 09:15 AM -02:30 PM, an observation was made of the dining room, where the activities were scheduled. It was revealed the above scheduled activities did not take place.	A 026		

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A 026	Continued From page 2 On at 02:30 PM, an interview was conducted with the Administrator. He stated the facility had discontinued the activities in order to prevent the spread of the Coronavirus. Class III	A 026		
A 031	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) If residents accept assistance from the facility	A 031		

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A 031	Continued From page 3 in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to document the coordination of care for the Third Party Services (Home Health) for 1 of 2 sampled employee records reviewed (Resident # 5). The findings included: On [redacted] at 10:15 AM, an observation and interview was conducted with Resident # 5. Resident # 5 stated that she was a [redacted] and required injections from a Nurse. She stated she sometimes follows the recommended diet. On a review of the Florida Health Assessment form (AHCA 1823 form) dated was conducted for Resident # 5. Resident # 5's AHCA form documents the following diagnosis: [redacted] ( ), Hyponatremi, [redacted] Varices, and [redacted]. Further review of the AHCA 1823 form revealed the recommended diet for the resident was a [redacted] diet. The section under nursing/treatment and services stated: Monitor medication adherence Home Health for .	A 031		

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A 031	Continued From page 4 The section entitled [illegible] or Behavior needs indicated that the resident suffers from [illegible]. She is listed as a Limited Mental Health (LMH) resident. She requires assistance with self-administration of medication. She also requires assistance with bathing. A review of the progress notes in the medical record was conducted. It was revealed that the progress notes regarding the Home Health Services for Management was not documented since the admission of the Resident. It was not documented how often the Nurse visits. Nor was it documented in the progress notes, what services the agency provides, or the condition of the resident as it relates to the [illegible] levels and management. On at 02:45 PM, an interview was conducted with the Administrator. He stated they are not documenting any coordination of care. He went on to state that the home health agency comes in 3 times a day to visit. He stated that the Nurse checks the resident's [illegible] 7 days per week. He stated that the resident was compliant with care. On [illegible] at 01:30 PM, an interview was conducted with the Home Health Nurse for Resident # 5. She stated that she visits the resident daily after every meal (Breakfast, Lunch and Dinner). She stated she checks the resident's after every meal and injects her with [illegible]. She stated that Resident # 5 is non-compliant with her diet. She stated the resident's [illegible] was running high at this time (225). On at 02:30 PM, an interview was	A 031		

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A 031	Continued From page 5 conducted with the Administrator. He acknowledged the findings. Class III	A 031		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

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A 032	Continued From page 6 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(l), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct, document and ensure that all direct care staff and administration participate in two (2) mock elopement drills annually. The findings included: On a review of the facility direct care	A 032		

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A 032	Continued From page 7 staffing and administrative schedule was reviewed. It was revealed that the facility had 9 employees including the Administration and direct care staff during 2020 and 2021. (See staffing schedule attached). On . . . . . a review of the facility mock elopement drills was conducted. The following mock drills were completed: A review of the elopement policy was conducted. The following drills were conducted: 1. . = 3 Staff present 2. . . . = 3 Staff present 3. . = 2 Staff present It was revealed that the facility did not provide evidence that mock elopement drills were conducted for the year 2019. On . . . . . at 02:30 PM, an interview was conducted with the Administrator. The Administrator acknowledged the findings. Class III	A 032		
A 081	429.52(1 & 7) FS; 59A-36.011(. .) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility	A 081		

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A 081	Continued From page 8 must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:	A 081		

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A 081	Continued From page 9 (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs.	A 081		

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A 081	Continued From page 10 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain the required training certificates in the employee personnel files for staff who provide direct resident care, for 1 of 4 sampled employee personnel files reviewed (Staff A). The findings included: On a review of the employee personnel file was conducted. It was revealed that Staff A was hired on . Staff A works from 06:00 AM - 02:00 PM. Staff A provides assistance with self-administration of medication and provides direct care assistance to residents. It was revealed that the following training certificates were missing from the employees personal file:	A 081		

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A 081	Continued From page 11 1. Two hours of preservice orientation training signed by the employee and the Administrator. 2. Three hours of Activities of Daily Living (ADL). 3. Elopement training 4. One hour of Reporting Major Incidents, Reporting Adverse Incidents and Facility Emergency Training. 5. One hour of Resident Rights and Recognizing/Reporting /Neglect training. On at 02:30 PM, an interview was conducted with the Administrator. The Administrator acknowledged the findings. Class	A 081		
A 082	59A-36.011(4) FAC Training - / (4) (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain evidence that all employees complete a one-time education on ( ) and , , , ( ) within 30-days of hire for 1 of 4 sampled employee	A 082		

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A 082	Continued From page 12 personnel records reviewed (Staff A). The findings included: On . . . . . a review of the employee personnel record was conducted for Staff A. Staff A was hired on . . . . . to provide direct resident care and assistance with self-administration of medication. Staff A works on the 06:00 AM - 02:00 PM shift. Further review of the employees personnel record revealed that the training certificate for / was missing. On at 02:30 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class	A 082		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by	AL243		

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AL243	Continued From page 13 the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the procedures.	AL243		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
AL243	Continued From page 14 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that administrators and direct care staff obtain 6 hours of training within 6 months of hire in Limited Mental Health, (LMH). The facility also failed to ensure that all administrators and direct care staff obtain 3 hours of training biannually in LMH for 2 of 4 sampled employee records reviewed (Staff A & B). The findings included: On . . . . . a review of the employee personnel file was conducted for Staff A. Staff A was hired on . . . . Staff A works on the 06:00 AM - 02:00 PM shift. Staff A provides direct care to Limited Mental Health (LMH) residents along with assistance with self-administration of	AL243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910708	A. BUILDING: _____ B. WING _____	03/30/2021

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AL243	Continued From page 15 medication. A review of the personnel file revealed the training certificate dated for the 6 hours of training was completed. The annual two (2) hour update was missing from the employee personnel file. On . . . . . a review of the employee personnel file was conducted for Staff B. Staff B was hired on . . . . . Staff B works on the 06:00 PM - 02:00 AM shift. Staff B also provides direct care to LMH residents along with assistance with self-administration of medication. A review of the personnel file revealed the training certificate dated for the 6 hours of training was completed. The most recent annual two (2) hour update was dated . On at 02:30 PM, an interview was conducted with the Administrator. The Administrator acknowledged the findings. Class III	AL243		
CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a	CZ816		

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CZ816	Continued From page 16 national criminal history record check unless the person's [illegible] are enrolled in the Federal Bureau of Investigation's national retained print [illegible] notification program. If the [illegible] of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit [illegible] electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the [illegible] to the Federal Bureau of Investigation for a national criminal history record check. The [illegible] shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print [illegible] notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person [illegible]. The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with	CZ816		

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CZ816	Continued From page 17 chapter 435 and this section using forms provided by the agency. 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 18 requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain a copy of a signed and dated attestation of compliance form, attesting that the employee meets the requirements for employment in the employee personnel file for 1 of 4 sampled employee personnel files reviewed (Staff B). The findings included: On . . . . . a review of the employee personnel record was conducted for Staff B. It was revealed that Staff B was hired on . Staff B works from 06:00 PM - 02:00	CZ816		

Agency for Health Care Administration

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CZ816	Continued From page 19 AM, providing direct resident care. Staff B also works as a Medication Technician (Med Tech), providing assistance with self-administration of medication. Further review of the employee personnel file, revealed that the attestation of compliance form was missing from the file. On at 02:30 PM, an interview was conducted with the Administrator. The Administrator acknowledged the findings. Unclassified	CZ816		