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
	AL11932584	A. BUILDING: _____ B. WING _____	04/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON CLUB (THE)	1216 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442

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A 000	Initial Comments An unannounced Relicensure, Generator Assessment, Focused . . . . Control and complaint CCR # 2020011145 survey was conducted on . . . . . - . . . . . at Horizon Club, (The). The facility had deficiencies at the time of the survey.	A 000		
A 030	59A-36.007(6) FAC; 429.28(. .) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.

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A 030	Continued From page 2 (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence,	A 030		

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A 030	Continued From page 3	A 030		

autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a room with his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , , , , , , , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.
(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency

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A 030	Continued From page 4 relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names	A 030		

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A 030	Continued From page 5 and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their internal grievance policy and procedures for receiving and responding to resident complaints. The facility also failed to demonstrate that such procedures are implemented upon receipt of the complaints,	A 030		

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A 030	Continued From page 6 for 1 of 3 sampled resident records reviewed (Resident # 4). The findings included: During an interview with Resident #4 on . . . . . at 10:15 AM, concerns were revealed regarding the behavior and treatment of Staff J towards him/her. It was revealed that this staff member has shoved, yelled at him/her and been disrespectful. It was also revealed that these concerns were voiced to numerous staff members and the Administrator; and that nothing has been done about the concerns by the facility. The facility's Grievance Policy was requested for review. The policy was entitled , Complaints and Grievance (initially dated) and was revised on . . . . . The policy's effective date was noted as . The following was noted based on review of the policy. I. POLICY STATEMENT: 1. Residents and their representatives, family members, or advocates have the right to make complaints or grievances without fear or reprisal or retribution from the community. The community's goal is to provide prompt investigation and resolution of all Complaints and Grievances. 2. The purpose of this policy is to establish guidelines for the handling's of, and responses to Complaints and Grievances, as defined herein by residents, their representatives, or family members. II. COMPLAINT: 1. A complaint is an oral expression of displeasure, dissatisfaction, or concern that is communicated to a staff member and can be resolved promptly by an Executive Director or Administrator of the community.	A 030		

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A 030	Continued From page 7 III. POLICY GUIDELINES: 6. All actions, investigations; and resolutions are documented on the Compliance/Grievance Report Form. 7. Allegations of . . . . . , neglect, or mistreatment (including misappropriation of resident property) are immediately reported to a Supervisor on duty, the Executive Director/Administrator, or the Manager on duty so that appropriate notifications and reports are made. 8. The Executive Director/Administrator is responsible for the resolution of complaints and/or grievances, the maintenance of all documentation, including the complaint grievance form. a. A grievance log is made available to external regulatory agencies to demonstrate compliance with the regulations. (Photographic evidence obtained) On at 09:55 AM, a telephone interview was conducted with the Nephew of Resident # 4. He stated that his Uncle called and complained about the intimidation of the Aide. He says his Uncle says a female Aide pushed him, and makes him wait a long time for service. He stated he did call the Administrator on a Saturday night. He stated she was very annoyed. He stated she told him that she was at a wedding. He stated that he never heard anything . . . from her. He feels nothing was done about this situation. On . . . . . at 10:40 AM, an interview was conducted with the Administrator. She was asked, if she documented the origin of the complaint and the allegations included in the complaint. She stated she did not document when she received the allegations/concerns of the compliant on the	A 030		

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A 030	Continued From page 8 Saturday night (. . . . .), when she received the complaint from the Resident's Nephew. She stated, she called Resident # 4 the same night of the call from his Nephew, but he didn't have any concerns. She also stated since she called the resident's Power of Attorney (POA), she didn't feel the need to go any further with her investigation because the POA said that the nephew did not have any right to any information about her Father. She stated the POA told her that if she had any issues with her Father's care, then she would let her know. At this same time, the Executive Director was present. She confirmed that she was made aware of the steps taken. The Administrator indicated, she spoke to the Aide (Staff J) on duty (Currently terminated). She stated, she also spoke to the Care Manager. She stated she did investigate the situation, but she did not document anything. The Executive executive Director and the Administrator confirmed that they did not document the investigation and conveyed the findings to the complainant. On at 12:30 PM, an interview was conducted with Staff I. She stated that Resident # 4 told her about 3 weeks ago, that an Aide did push him. She was asked to describe the Aide. She says she doesn't know who the resident is making reference in this incident. She did not confirm whether she made anyone in Administration aware of the allegations. On . . . . . , a review of the grievance log was conducted. The date range reviewed was . . . . . . There was not any documentation regarding Resident # 4 during this time period.	A 030		

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A 030	Continued From page 9 On . . . . . at 01:30 PM, an interview was conducted with the Administrator and the Executive Director. They acknowledged the findings. They both stated that they should have followed the internal investigation policy and procedure and documented the allegations and the investigation regarding Resident # 4 allegedly being pushed by the Aide, and his fear of intimidation. Class III	A 030		