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 _____	01/07/2025

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

(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
A 000	Initial Comments An unannounced Complaint survey, #2024016533, was conducted on at Horizon ALF. The facility had deficiencies at the time of the survey.	A 000		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents	A 079		

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A 079	Continued From page 1	A 079		

serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day

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A 079	Continued From page 2 operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the	A 079		

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A 079	Continued From page 3 fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure that they provided the required weekly amount of direct care staffing hours required to meet the needs of the Residents of the facility for Thirty-Nine (39) of Thirty-Nine (39) Residents (Residents). The facility is licensed as a Limited Mental Health (LMH)	A 079		

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A 079	Continued From page 4 facility, which requires the ongoing observation of the residents in the facility. The Findings Include: On /20205 observation was made of the facility, which revealed it is comprised of four (4) separate buildings that are divided by a street that runs East and West. There are two (2) separate/adjacent buildings on the South side of the street, and two separate/adjacent buildings on the North side of the street. The facility's dining room is in the building located to the Southwest, which also serves as the location from which medications are given to residents, as observed by the surveyors during the survey. Observation on the day of the survey revealed Residents walking from one building to another, and across the street from the two North buildings to the Southwest building for breakfast, Lunch, Medications, and to use the Resident telephone that is also located in the building. In an interview with Staff F(Direct Care Staff) on at 9:51 AM a request was made for the Resident Census and the Staff schedules for the months of , and , . She informed this surveyor that the schedules were kept in the Administrator's office to which she did not have access and would have to wait for the Administrator to come. She also stated that the Staff Calendar for had not been presented to staff yet. In an interview with Staff G(Direct Care) on at 9:54 AM, this surveyor asked if the facility had enough staff to provide the care of services required to meet the needs of the	A 079		

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A 079	Continued From page 5 Residents. She stated they did not. In an interview with the Administrator on at 11:03 AM, he stated they have 3 shifts: 9:00 AM -6:00 PM, 6:00 PM -11:00 PM (to give meds and help out), and 11:00 PM -7:00 AM. A request was made for the Staff Schedules for , and , . The Administrator provided the surveyors with the requested Calendars, as well as the facility's Payroll Register Detail. A review of the Monthly Staff Schedule for documented that from 10:00 PM to 6:00 AM there are days in which only one (1) staff member is scheduled to work: , , 2, 3, 6, 8, 9, 10, 13, 15, 16, 17, 20, 22, 23, 24, 27, 29, 30, 31 (copy obtained). A review of the combined Monthly Staff Schedule for and , provided to the surveyors documented that from 10:00 PM to 6:00 AM there are days in which only one (1) staff member is scheduled to work the following days: ,4, 6, 7, 8, 11, 13, 18, 20, 21, 25 (copy obtained). A review of the combined Monthly Staff Schedule for and , provided to the surveyors documented that from 10:00 PM to 6:00 AM there are days in which only one (1) staff member is scheduled to work the following days: , ,4, 6, 7 8, 11, 13, 18, 20, 21, 25 (copy obtained). A review of the facility's Payroll Register Detail document revealed there were 666.50 direct care staffing hours for the Pay Period of - - for the 14-day period (copy obtained). This constitutes a weekly average of	A 079		

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A 079	Continued From page 6 333.25 hours per week: -Facility's Resident Census on the day of survey: 39 -Weekly Staffing Hours required for their Census: 335 hours/week. -Weekly Direct Care staff Hours provided: 333.25/week -Result: The facility's average weekly hours are 2.75 hours short of the requirement for a Resident Census of 39. In an interview with Staff F(Direct Care Staff) on at 2:34 PM, this surveyor asked the employee if the facility had enough staff to provide the care of services required to meet the needs of the Residents. She stated they did not. In an interview with the Administrator on between 2:25 PM and 2:45 PM, the surveyor made a request for the facility's policy and procedures regarding the supervision of the residents. No information was provided during the survey. In an interview with the Administrator and Assistant Administrator on at 4:21 PM they were informed of the weekly direct care staff hours required, and that the facility did not meet the standard. He stated he provides 80 hours per week at the facility. This surveyor informed him that his 80 hours biweekly were included in the , and they still did not meet the weekly direct staff requirements. As the facility failed to meet the required weekly direct care staff hours for a Resident Census of Thirty-Nine (39); and the requirement that one (1) or two (2) employees travel between four	A 079		

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A 079	Continued From page 7 buildings, and cross the street during the 10:00 PM - 6:00 AM hours to provide observation and care, Residents of the facility are potentially at risk due to the level of supervision currently being provided. Therefore, it was determined that the facility had insufficient staffing hours to meet the needs of a census of 39 residents per regulatory requirements and based on the care needs and supervision of the residents. The facility is required to increase the staffing needs above the minimum staffing requirements for a census of 39 residents. Class III	A 079		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging	A 152		

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A 152	Continued From page 8 clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good working order to maintain a safe and decent living environment. Findings include: Observation on of interior of building identified as 1481 NW 21st Street revealed there is high dust in the heating, and air condition (HVAC) vent, high dust on ceiling fan in main room, bedroom door needs painting, ceiling damage noted. (Photographic evidence). Observation on of interior of building identified as 1490 NW 21st Street revealed noted to have high dust in HVAC vent and on ceiling fan and a strong smell in the room . (Photographic evidence)	A 152		

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A 152	Continued From page 9 Observation on of exterior of building identified as 1491 NW 21st Street revealed the exterior Resident room windows on the north side of the 1 story building were dirty restricting visibility with several broken screens located on the ground below them. The bathroom located on the first floor next to had high dust in HVAC vent (Photographic evidence) Interview with the Administrator - A on at 4:00 PM, he stated he is aware of the identified issues as described above and will address them. Class III	A 152		