

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910708	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 01/26/2026
NAME OF PROVIDER OR SUPPLIER HORIZON ALF			STREET ADDRESS, CITY, STATE, ZIP CODE 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 A revisit to the Relicensure survey was conducted on _____ at Horizon ALF. The facility had a uncorrected deficiency(A 0152) identified at the time of survey.	{A 000}			
{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 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	{A 152}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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{A 152}	Continued From page 1 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 record observation and interview, the facility failed to provide a safe, clean and decent living environment free of safety hazards for 40 residents that reside in buildings 1490, 1480, 1491, and 1481 at the facility, which was specialty licensed for Limited Mental Health (LMH). The findings included: During a tour of the facility on _____ from 9:51AM to 12:53PM the following concerns were identified: Building 1490 a) Vending machine (with variety of drinks inside) appeared to be abandoned exposed to weather elements showing corrosion and rust reddish-brown spots at the bottom (base) flaking patches. The paint was peeling and revealing corroded metal beneath. Review of inside the machine reflecting the same condition, noted to be rusty and extremely dirty. A blue tape above the coin deposit compartment revealed a 1.00-dollar sign (indicating drinks are one dollar). Surveyor observed the residents using the soda vending machine to purchase drinks. b) Food storage room revealed a large gaping hole int the ceiling above the emergency food supply in the left corner of the room.	{A 152}			

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{A 152}	Continued From page 2 Building 1480 a) _____ had a white dresser that was missing half of the white laminate covering and brown dresser missing bottom drawer. b) Common area where residents congregate to do daily activities, observations revealed armchairs blue with gold and beige stripes that were stained, soiled and dirty. In between the two chairs was a wooden endtable that had red stains, was chipped and covered with scuff marks Building 1481 a)) A/C unit storage closet door had approximately 7 missing vent louvers (a panel with angled, parallel slats that allow air to pass through while blocking debris and other unwanted elements). Building 1491 a) A dining table with approximately 6 black chairs and a brown chair. The chairs had a cracked and peeling leather seat cushions. b) Exposed electrical wiring on the wall near common area bathroom. c) A/C unit storage closet door had approximately 3 missing vent louvers (a panel with angled, parallel slats that allow air to pass through while blocking debris and other unwanted elements). During an interview with the Administrator on _____, at 1:24PM, he was notified of the items that had not been corrected at the time of survey. At this time, the Administrator offered to provide documentation of invoices and receipts for the uncorrected items. He was notified that the outstanding physical plant had been identified since _____ and it could not be corrected. The Administrator stated, he was using his internal maintenance person to make repairs and	{A 152}			

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{A 152}	Continued From page 3 agreed all repairs had not been completed. Class III Uncorrected	{A 152}		