

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/16/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965370	(X3) DATE SURVEY COMPLETED 07/15/2013
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 443	STREET ADDRESS, CITY, STATE, ZIP CODE 360 Montgomery Road Altamonte Springs, FL 32714	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0056-Medication - Labeling And Orders-07/15/2013
0078-Staffing Standards - Staff-07/15/2013
0081-Training - Staff In-Service-07/15/2013
0082-Training - Hiv/aids-07/15/2013
0083-Training - First Aid And Cpr-07/15/2013
0090-Training - Do Not Resuscitate Orders-07/15/2013
0162-Records - Resident-07/15/2013
Z827-Unlicensed Activity-07/15/2013

Specific Tag Findings:

0000-Initial Comments

An unannounced revisit to the relicensure survey conducted on 4/11/13 at Horizon Bay Vibrant Retirement Living 443 in conjunction with complaint CCR#2013006459 on 7/15/13.
The deficiencies were found to be corrected at the time of the revisit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 16, 2013

Administrator
Horizon Bay Vibrant Ret Living 443
360 Montgomery Road
Altamonte Springs, FL 32714

RE: Revisit to biennial relicensure

Dear Administrator:

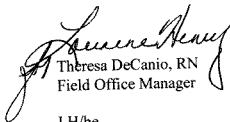
This letter reports the findings of a state licensure survey revisit conducted on July 15, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be

Enclosure

