AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
New Horizon Senior Citizen Home
1745 Forest Drive
Inverness, FL 34453

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Burgin for,
Kristé J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910625	08/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon Senior Citizen Home	1745 Forest Drive Inverness, FL 34453	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - E203 - 58a-5.030(4) Fac - Ecc - Staffing Requirements S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced ECC monitoring survey was conducted at New Horizons Assisted Living Facility in Inverness, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

E203-ECC - Staffing Requirements 58A-5.030(4) FAC
Based on interviews and record reviews the facility did not provide enough qualified staff to meet the needs of ECC residents for 2 of 7 residents, for residents #3 & #7.

Findings :

On at approximately at approximately 12:21 PM an interview was conducted with the Administrator in reference to resident #3 being on home health services. The Administrator stated resident #3 was on home health for motoring from the same agency they contract with for ECC services. She stated the home health agency comes into the facility predraws resident #3 and its kept in a locked refrigerator in the care station. The Administrator stated that the resident does her own injections and her own glucose monitoring. She said the resident is not on a sliding scale and if her sugar is to high she also takes

On during a record review of resident #3 1823 health assessment. On page 4 it was observed the physician checked the box which states the resident needs medication administration.

On at approximately 1:30 PM an interview was conducted with unlicensed staff member #C in reference to what kind of assistance is provided to residents on #C stated that if the resident runs out of in the bottle we have a key and staff changes it. She said residents are suppose to do it themselves.

On at approximately 2:00 PM It was observed in resident #7 concentrator and an hose with a nasal canal lying on her bed. When she was asked if she uses She said yes and she forgot to use it. She requested assistance with getting the concentrator turned on. When staff arrived at the #7 asked her to turn on the machine which the staff member said she could not do that. Resident #7 then asked why she could not do that. Which the staff member stated we cannot do that for you, you must turn it on yourself. After that statement the staff member assisted the resident up out of her comfort chair into the wheelchair and assisted over to the concentrator which was across the Once at the the concentrator the staff guided the resident hand to the on off switch and told her to push the button. The staff member stated that the resident was After the staff member left resident #7 was asked if staff normally turn on the concentrator for her. Resident #7 stated why wouldn't the staff member turn it on, they normally turn the machine on for me.

Class III