STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965677	07/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Bay Vibrant Retirement Living 451	2425 20th Street Vero Beach, FL 32960

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility re-licensure survey was conducted on . . . . . Horizon Bay Vibrant Retirement Living 451, had licensure deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC
Based on record review and an interview, the facility failed to obtain an annual fire safety inspection described in Rule 58A-5.0161, F.A.C.

The findings include:

On . . . at 11 AM, the annual fire safety inspection report was requested from the administrator. The inspection report presented for review was dated . . . . . During interview with the Administrator at 4 PM on this date, she acknowledged the facility had not had an inspection conducted within the previous year.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interviews and record review, it was determined the facility failed to document that staff were ensuring specific medication instructions were followed, for 3 out of 6 sampled residents (Residents #2, #6, and #5) observed during assistance with self-administration of medications.

The findings include:

a) During observation of the LPN (licensed practical nurse) providing assistance with self-administration of medication, on . . . . . beginning at approximately 8:40 AM in the Wellness Center, she was observed removing a . . . . . patch from Resident #2's upper left chest area that was dated . . . . . and appropriately discarding it. She was then observed to apply a new . . . . . patch that was dated . . . . . to the upper left chest area of this resident. Resident #2's . . . 2013 MOR (Medication Observation Record) indicated that application sites are to be rotated for the . . . . . patch.

b) The LPN was also observed removing a . . . . . patch dated . . . . . from Resident #6's upper right chest area. She was then observed to apply a new . . . . . patch that was dated . . . . . to the upper right chest area of this resident. Resident #6's . . . 2013 MOR indicated that application sites are to be rotated

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for the patch. The LPN was asked, at approximately 9:45 AM on , where staff documented the site of the application of the patches for residents that utilize them. She stated that it is not documented anywhere. She could not provide an explanation as to how the facility tracks the location of the application of these prescribed patches.

c) During observation of the LPN providing assistance with self-administration of medications on beginning at approximately 8:40 AM in the Wellness Center, she was observed providing Resident #5, 1 spray of 200 units to this resident's right nostril. The MOR, the medication label and the physician's order dated indicated to alternate nostrils daily. The LPN was asked, at approximately 9:45 AM on , where she documents which nostril that she applied Resident #5 nasal spray into. She stated it is not documented anywhere. She was asked how she determined the right nostril was the correct nostril to use today. She stated that she usually works Monday through Friday and she always starts on the right side.

During subsequent interview and review of the facility's policy and procedure related to Application and Removal of Medication Patches with the Regional Nurse, conducted on at approximately 10:00 AM; she was asked how the facility is documenting the rotation of the application of medication sites per facility protocol. She stated they do not have a method with the current eMAR system to track that information. The policy was reviewed and item #4 of the suggested guidelines reflects "Associates are directed to the pharmacy/product insert directions for proper patch application and removal. Some patches may not be reapplied to the same skin site for specific periods of time. For example (i.e. may not be reapplied to the same skin site for 14 days." Item #6 of the procedure section of this policy indicated "Review the Site Sheet and determine the appropriate location for the patch you are attempting to administer to the resident." Item #10 of the procedure section of this policy indicated "Document the administration of Patch on the resident's MAR (Medication Administration Record) and on the Site Sheet." The Regional Nurse and the LPN acknowledged that the facility does not currently utilize a Site Sheet.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had freedom from documented on an annual basis.

The findings include:

The personnel file for Staff C was reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year. The Administrator was interviewed at approximately 3:30 PM on and acknowledged that the documentation was not present and available for review.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on record review and an interview, the facility failed to ensure that at least one staff member trained in both First Aid and , was within the facility with residents at all times.

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The findings include:

The current staffing schedule for 2013 was reviewed on . . . . . It was revealed that the facility had two staff members (Staff C and F) working alone and in sole charge of residents during part of the 3 PM to 11 PM shift almost daily.

The personnel files for Staff C and F were reviewed for training in both . . and First Aid. Neither of these staff members had documentation of current training in First Aid. It was also revealed that the facility had two staff members (Staff B and G) working alone and in sole charge of residents during the 11 PM to 7 AM shift almost daily. The personnel files for Staff B and G were reviewed for training in both . . . and First Aid. Neither of these staff members had documentation of current training in . . . . Only one staff member (Staff B) had current training in First Aid. The Administrator was interviewed at 4 PM on , and confirmed aforementioned and that no further documentation was available for review.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interviews, the facility failed to ensure a one day adverse incident report and a 15 day adverse incident report were completed, for 1 of 2 sampled residents who . . and was sent to the hospital as a result (Resident #1).

The findings include:

On at 9:20 AM, Resident #1 was interviewed. She stated she had . . on an unknown date near the front doors to the facility. She pointed to a healing scab on her left forehead and stated she had sustained this injury due to the . . . The Administrator was asked at 3 PM on . . . . . to provide documentation of this . . . which resulted in the resident's transport to the emergency . . . . . subsequent return the same day with an . . . . . on her forehead. The Administrator was again asked at 3:20 PM on . . . . . for any documentation, incident report or observation notes, to show what had happened related to the resident's . . . . She stated she did not document the because "it occurred off the premises". She explained that the resident went out walking, . . across the street and was sent to the hospital for evaluation. There was no documentation of the nature of the incident, date of occurrence, interviews with staff or the resident to find out the circumstances and possible cause of the . . or of the injury and facility's assessment of the incident to determine if it was an adverse incident.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and an interview, it was determined the facility failed to ensure each resident's contract contained the required components, for 1 out of 2 sampled resident records reviewed (Resident #2).

The findings include:

During review of Resident #2's executed contract (residency agreement) conducted with the Administrator on

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. . . . . beginning at approximately 1:10 PM, she was asked to locate the information related to refunds in the contract. She reviewed the contract and stated, "I guess it does not say anything about refunds". When asked about page 7 of the contract (residency agreement), that indicated a 60 day notice of termination is required, she stated she will have to ask the legal department because she is aware the requirement is 45 day notice.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Horizon Bay Vibrant Retirement Living 451
2425 20th Street
Vero Beach, FL 32960

Dear Administrator:

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

Attached 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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