STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965169	07/03/2013
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 448	STREET ADDRESS, CITY, STATE, ZIP CODE 9825 S. U.S. Highway 1 Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial relicensure survey was conducted on Horizon Bay Vibrant Retirement Living had deficiencies found at the time of the visit.

A complaint inspection (CCR#2013005908) was conducted in conjunction with the biennial licensure visit. The results of that inspection will be in a separate report.

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure each employee that provides direct care to residents had documentation of completion of a one-time education course on and for 1 of 4 sampled direct care staff reviewed (Employee F).

The findings include:

During review of Employee F's personnel file, documentation of completion of an education course on and could not be located. During interview and record review with the BOM (Business Office Manager), conducted on at approximately 2:00 PM, she was provided the opportunity to locate documentation of completion of this required training for Employee F (date of hire noted as She was unable to locate any documentation related to and related training. She stated that since she has worked here that she ensures all employees receive all of the required training within the required timeframe.

Class III

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0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, it was determined the facility did not ensure that each employee that provides direct care to residents had documentation of completion of at least 1 hour of training in the facility's policy and procedures regarding (Do No Orders), for 3 out of 4 sampled direct care staff reviewed (Employee D, Employee F and Employee G).

The findings include:

a) During review of Employee D's personnel file (date of hire noted as documentation of completion of the required training could not be located.

b) During review of Employee F's personnel file (date of hire noted as documentation of completion of the required training could not be located.

c) During review of Employee G's personnel file (date of hire noted as documentation of completion of the required training could not be located.

During interview and record review with the BOM (Business Office Manager), conducted on at approximately 2:00 PM, she was provided the opportunity to locate documentation of completion of at least 1 hour of training in the facility's policy and procedures regarding for Employees D, F and G. She was unable to locate any documentation related to this required training. She stated that since she has worked here that she ensures all employees receive all of the required training within the required timeframe.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on record review and an interview, the facility failed to ensure a copy of written informed consent to have unlicensed staff assisting the resident with the self-administration of medication was kept on file (or noted in the resident's contract), for 1 out of 2 sampled residents (Resident #1).

The findings include:

On at 2 PM, the records for Resident #1 were reviewed for written consent to receive assistance with self-administration of medication from unlicensed personnel. Written consent for this resident

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was not available for review. The Administrator confirmed this finding during interview at this time.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on record review and an interview, the facility failed to ensure that the contract between the resident's representative and the facility was signed by both parties, for 1 out of 2 sampled residents (Resident #1).

The findings include:

On , at 2 PM, Resident #1 ' s contract with the facility was reviewed and discussed with the Administrator. The resident was admitted on and the contract had not been signed by the resident's representative. The Administrator was interviewed at this time and confirmed the above finding.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Horizon Bay Vibrant Ret Living 448
9825 S. U.S. Highway 1
Port Saint Lucie, FL 34953

Dear Administrator:

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