STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	08/27/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Bay Vibrant Ret Living 445	217 Boston Avenue Altamonte Springs, FL 32701	

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

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= B

0000-Initial Comments
Complaint Inspection #2013008661 was conducted on and Horizon Bay Vibrant Living had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review, the facility did not ensure that orders for medications and laboratory work were followed for 1 of 7 sampled residents (#2).

Findings:

Health assessment report dated indicated the resident had , was alert and oriented to person, time and place, and required assistance with all activities of daily living (ADLs) and medications.

On , a physician from Central Florida Physicians (CFP) ordered a Natriuretic Peptide (BNP) test. This test in the determination of and other damage. A level was also ordered at that time. The work was drawn on The level was 12.2, a therapeutic level. Normal values range from 5.0 to 63.0, depending on the laboratory testing the Physician visit information form dated indicated assessment information: - Seen in office, doing well, would not like any changes, per patient's request. clarification without any changes now. Need work done before next visit in 6 months."

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Services ordered on a complete panel (CMP), a (CBC), and a level. Handwritten on the top of the prescription read, "to be run wk. (week) of 2013." A handwritten note on the right hand side at the bottom of the page read, "noted and lab slip complete." A prescription, dated read 250 mg (milligrams) take 2 tabs 3 x daily duration 30 days quantity 180 tabs." On the left bottom side of the prescription read, "Refill 6 times. Already sent to pharmacy electronically." A handwritten note read, "noted on MOR (medication observation record)." Physician visit information form dated indicated to continue and that lab work was needed before next visit in 4 months. Lab work was done and reported a level of 18.2, a therapeutic level.

A physician's order, dated was written for lipids, D level, level, and CMP. The right bottom of the page read, "noted and initials lab done." This order was noted by the facility eighty three (83) days after it was written.

A facility note indicated the personal caregiver was screaming down the hallway. The writer responded and observed resident #2 on the floor in the with his head and back resting on the shower edge. The note read, "There was a large amount of noted on the shower floor. 911 was called, the resident was pale and sweating. The personal caregiver stated the resident was walking and started acting and speaking funny, she said he looked like he was having a

Faxed order, dated read "Resident's sitter called at front desk saying that resident had and down, 911 called, resident was taken to hospital. Has laceration (right) occipital area-needs The physician replied he was aware of the above. Emergency (ER) discharge papers. dated read, "diagnosis and out in 7 days." Faxed order, dated indicated to remove staples in 7 days and a skilled nurse was to evaluate and treat because the resident this AM (right) occipital laceration....staples."

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The consultation report dated indicated the resident was seen the day before in the ER for was sent back to the facility, had another , and was send back to the ER. Hospital records indicated a level of less than 2 on at 10:46 p.m. This is a sub-therapeutic level. The history and physical (H&P), dated , indicated that the resident was brought in yesterday because he suffered a and sustained a laceration to the scalp. He had nine placed. The CT (computerized tomography) scan of the head did not show any injury.

Facility note dated indicated that on at 3 p.m., the resident had another and 911 was called. The resident was transported to the hospital and admitted for observation.

A faxed order, dated , indicated 250 mg, 2 tablets 3 times a day. The top of the page read, "urgent" and the message read, "refills".

The Medication Observation Records (MORs), dated 2013 and 2013, listed " 250 mg take 2 tablets 3 times a day for 30 days ." The medication was marked as given, as ordered from until when the MOR indicated " d/c " (discontinued). A physician's order to discontinue the medication was not found in the medical record. The medication was started again on , after the resident's on

Physician visit information form, dated , read to "continue with 500 mg. TD (three times a day), examined head, LEVEL CAUSED BY WITHDRAWAL FROM order for labs."

A physician's order from Services on read, , CMP, and ' A handwritten note read, "next visit at 1 PM." On the level was

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9.2, a therapeutic level. Health provider communication dated . . . . . read, . . level . CMP. lipids; check . . . . . D level." The time frame of lab work was not indicated on the order.

A telephone call at approximately 11 AM to a Vanguard Pharmacy representative was conducted on . . . . . The representative stated that . . 250 mg 2 tablets . . . were in a 30 day cycle and delivered on . . . . . and .

On . the executive director stated that she terminated the director of nursing, staff #A on . . . .

The executive director stated on . . at 9 AM that nurse #A was the only nurse at that time that made any changes to the medication observation record (MOR), received changed orders, ordered medications, and was responsible for making sure the laboratory . . . . . work was obtained. A written statement from the director indicated that on . after she became aware of the error with the medication order, she spoke with her regional director of nursing and it was decided to give staff #A a verbal counsel. On . she said she spoke with staff #A and gave the verbal counseling.

Class II

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, interviews and record review the facility did not ensure staff followed all the correct steps when assisting with self-administration of medications, did not bring the prescription container to the resident, and did not read the prescription label out loud to 4 of 7 sampled residents (#1, 2, 4 & 6).

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Findings:

1. At approximately 8:15 a.m. on in the nurse's station staff A sanitized her hands, took the medications 20 milligrams (mg.) and 10 mg. from the locked medication cart, checked the Medication Observation Record (MOR), put the pills inside a small cup, poured water into a cup, signed the MOR, and gave resident #4 his medications and stated "Here you go, sir."

2. At approximately 9 a.m. on staff A sanitized her hands, took the medications Aller-flex 180 mg. and 80 mg. from the locked medication cart, checked the MOR, put the pills inside a small cup, poured a cup of water, signed the MOR, and gave resident #2 her medications and stated "Here you go".

3. At approximately 9:15 a.m. on staff A sanitized her hands, took the medications 5/500 mg., 325 mg., 81 mg., 10 mg., B12, Fish Oil, Ferrex 150 mg., Carvidol 3.125 mg., Benzepril 10 mg., C, and 2.5 mg. from the locked medication cart, checked the MOR, put the pills inside a small cup, poured a cup of water, signed the MOR, and gave resident #1 her medications.

4. At approximately 1 p.m. on staff B took medication containers to resident #6's placed the medications Mag 400 mg. and 25 mg. in a cup, and gave the resident some applesauce. The resident took her medications and the apple sauce. The staff told the resident what the medications were, only after the resident asked. She then signed the MOR and returned the medications to the cart.

At approximately 5:15 PM on the executive director and director of nursing offered no

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comment, when informed about the observations of the medication pass.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on interview and resident record review, the facility failed to ensure an up-to-date record of major incidents occurring within the last 2 years was maintained for 1 of 7 sampled residents (#2).

Findings:

Facility note dated [illegible] indicated the personal caregiver was screaming down the hallway. The writer responded and observed resident #2 on the floor in the [illegible], his head and back rested on the shower edge. The responder wrote, "There was a large amount of [illegible] noted on the shower floor; 911 was called, the resident was pale and sweating." The personal caregiver stated the resident was walking and started acting and speaking funny. She said he looked like he was having a [illegible]. When the responder arrived, there were no sings and/or symptoms of [illegible] activity at that time.

A faxed order dated [illegible] read, "Resident's sitter called at front desk saying that resident had [illegible] and [illegible] down, 911 called, resident was taken to hospital. Has laceration [illegible] (right) occipital area-needs [illegible]. The physician responded, "aware" of the above.

The emergency [illegible] papers dated [illegible] read diagnosis of [illegible] and [illegible] out in 7 days."

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The executive director stated on [redacted] at approximately 9 AM that there was no incident report written for the above incident. The former director of nursing did not fill one out.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Horizon Bay Vibrant Ret Living 445
217 Boston Avenue
Altamonte Springs, FL 32701

Dear Administrator:

Re: CCR #2013008661

This letter reports the findings of a state licensure survey that was conducted on , 2013, and on , 2013 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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