STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968140	11/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon Healthcare Inc	3114 Philips Hwy Jacksonville, FL 32207	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013011829, was conducted at New Horizons Healthcare Inc., in Jacksonville, Florida on 2013. Licensure deficiencies were identified at the time of the survey.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, interview and record review, the facility failed to ensure personal supervision as appropriate for each resident, including daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety and physical and emotional well-being of the individual for 7 of 16 sampled residents. (All residents living in the facility's main building which remained locked at all times. (Residents #1, 4, 5, 6, 7, 8, and 9)

The findings include:

A tour of the facility on at approximately 9:20 AM revealed a main building in the center of the property which remained locked at all times.

An interview with Employee A at the time of the tour (9:20 AM on revealed that the residents living in this building required more supervision due to greater

A review of the Bed check log dated for through listed each resident ' s name in one column, and then the times beginning at 7:00 PM and running through 9:00 AM. The legend indicated the following: A=awake, S=sleeping, C= See Comments, CH = changed, P = Up to potty. The bed check log was completed hourly to include residents living in apartments outside of the main facility.

An interview with Resident #2 at 9:40 AM on revealed the following: When asked how he called for assistance when he needed it, he replied that he was independent and rarely needed assistance, but when he did, he would call the main number on the telephone, and there was always someone there who answered. He said that when he called in the past someone came out to his apartment from the main building right away. He went on to say that the independent residents lived in the apartments on the perimeter of the property while the residents living in the main building required more supervision and assistance. " Most of them have significant That building remains locked at all times. You have to ring the bell to get in. We go over at night around 8:00 PM to get our evening medications. " When asked whether the staff ever checked on him at night, he replied that they did hourly bed checks. " They tell me they do checks hourly, and I see them at around 11:00 PM, but after that I couldn ' t tell you. I ' m asleep. "

An interview with Employee B (Owner/Administrator) at 3:21 PM on revealed the following: "There are two staff at night, and they are in the main building and also covering this area. They do hourly checks on the

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residents every night. There is one staff member actually working who works in the main building and does the rounds and Employee D who lives here is on call at night, but she is actually sleeping unless they call her. That ' s the two. The one staff does rounds every hour, and the residents in the main building are left alone and locked in during this time. "

An interview with Employee D at approximately 4:30 PM on revealed "We make hourly rounds at night. " Residents in the main building were left alone during night rounds per this employee. She said that she was on call at night because she lived there. " The staff check to see if the residents are sleeping and if they are sleeping, the staff hurries and does their rounds outside. " Surveyor: "And at that time the residents in the main building are left alone?" Employee D: " Well, yes. " Surveyor: "And the building is locked, so they ' re locked in?" Employee D: " Yes. "

An interview with Employee B (Owner/Administrator) on at approximately 7:30 PM confirmed that the residents living in the facility's main building were left alone while the night shift employee made rounds at the outside apartments. Employee B said that he wasn ' t aware that this was a problem, though after discussing it, he said he realized that this practice could endanger the residents in the building. He said that he would correct the problem immediately.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, the facility failed to establish a grievance procedure to facilitate the residents' exercise of this right. This potentially affected every resident in the facility. (16 of 16 residents)

The findings include:

A review of the facility policies and procedures on revealed that there was no policy and procedure related to grievances available for review.

An interview with Employee A and Employee B (Owners/Administrators) at approximately 7:00 PM on revealed that they had no policy and procedure related to grievances in the facility. Employee B said that grievances were handled by him verbally, and that there was no record or documentation of any grievances. He understood that a grievance policy was a requirement, and he said that he would take care of it right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
New Horizon Healthcare, Inc.
3114 Philips Hwy.
Jacksonville, FL 32207

Re: CCR #2013011829

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2013 by representatives 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 , **2014** 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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/MB/KW/sm
Enclosure

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