STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932584	06/24/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Club	1216 S. Military Trail Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey with Limited Nursing Services (LNS) was conducted on through at The Horizon Club. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 1 out of 3 residents (Resident #16) observed during medication pass.

The findings include:

Observations on at 9:52 AM found Resident # 16 receiving the following medications: TAR 25 mg, 25 mg, C 500 mg, Hydrochlorot tab 12.5 mg, 100 mcg, SOD DR 40 mg, 5 mg, 250 mcg, 20 mg, and 10 mg.

At 9:52 AM, observations during assistance with self- administration of medication revealed Staff A, a Certified Nursing Assistant (CNA), assisted Resident # 16 with self - administration of medications. Staff A sanitized her hands, put each of Resident # 16's medications in a cup, gave the medications along with a cup of water to the resident. Staff A did not state the names of the medications to Resident # 16. Staff A observed Resident # 16 take her medications and signed his/her Medication Observation Record (MOR).

During an interview on at 10:08 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error in not informing Resident # 16 of the names of the medications given to him/her.

In an interview with the Executive Director and the Resident Service Director on at approximately 12:45 PM, they acknowledged the finding.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, it was determined the facility failed to ensure that all staff members had completed the required in-service trainings, for 1 out of 3 sampled staff records reviewed (Staff E).

Findings Include:

Record review of Staff E's personnel record revealed her date of hire was Further review revealed Staff E's file lacked documentation indicating the employee had completed the following in-service trainings: incident reporting and safe food handling practices.

During an interview with the Director of Resident Care Services on at approximately 12:15 PM, she stated Staff E took the trainings when she was hired. She stated the training was included in the general orientation. She stated she will look into other files for the completed trainings. At approximately 12:35 PM, the Director of Resident Care Services stated the trainings were not completed when Staff E was hired.

In an interview with the Director of Resident Care Services on at approximately 1 PM, she acknowledged the findings.

Class III

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

Based on record review and interviews, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 1 out of 3 sampled staff records reviewed (Staff E) .

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The Findings:

A record review conducted on revealed that Staff E, hire date , had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment. During an interview on at approximately 1:22 PM with Staff E, she revealed she did not know what a was and did not recall ever receiving training.

In an interview conducted on at 1 PM, the Director of Resident Care Services acknowledged the finding.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Horizon Club
1216 S. Military Trail
Deerfield Beach, FL 33442

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a relicensure survey that was conducted on . . . . 23 and . . . . . 24, 2014 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 . . . . . 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
Enclosure

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