STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	07/09/2014
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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
Complaint inspection CCR#2014003935 was conducted on Horizon Bay Vibrant Retirement Living 445 had deficiencies found at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview the facility failed to ensure all prescription drugs kept by the facility were properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. for 1 of 10 sampled residents (#2).

Findings:

Record review for resident #2 revealed an Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of and history of The 1823 indicated the resident needed assistance with medications.

Review of medications on at approximately 11:30 AM revealed the bottle of Vesicare (for overactive 5 milligrams did not have a pharmacy label on it.

In an interview with the nurse on at approximately 2:45 PM who stated the medication was in a box with the pharmacy label on it and she did not know what happened to the labeled box.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure 1 of 4 sampled staff records (C) contained evidence to confirm the mandated in-service training was completed within 30 days of employment.

Findings:

Staff record review on for Staff #C revealed staff C was hired on Continued

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965424	07/09/2014
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)		

review revealed no evidence to confirm she received an in-service training within 30 days of employment: in the following: 3 hours of ADL and Behavioral Needs Training, 1 hour of Incident Reporting Training and 1 hour of Resident Rights Training.

In an interview with the administrator on at approximately 4:40 pm who stated that staff had C had a 2 hour training which covered ADL and Behavioral Needs Training, Incident Reporting Training and Resident Rights Training. The Administrator could not provide documentation for the above training for staff C.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days of employment for 1 of 4 sampled staff (B).

Findings:

Review of personnel files revealed there was no documentation to review to indicate staff B, date of hire (due who provided direct care, had 1 hour of training within 30 days of hire.

In an interview with the Human Resources staff on at 4:30 PM who stated the training was covered in new hire training's and the staff did not have a certificate completed for the training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014003935

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 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 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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida