STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	08/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A New Horizon Manor	7968 W 14 Court Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-08/07/2014
0030-Resident Care - Rights & Facility Procedures-08/07/2014
0051-Medication - Pill Organizers-08/07/2014
0055-Medication - Storage And Disposal-08/07/2014
0057-Medication - Over The Counter (otc) Products-08/07/2014
0077-Staffing Standards - Administrators-08/07/2014
0079-Staffing Standards - Levels-08/07/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/07/2014
0152-Physical Plant - Safe Living Environ/other-08/07/2014
0162-Records - Resident-08/07/2014
L241-Lmh - Records-08/07/2014

Revisit Repeat Tags:

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

An Standard Biennial Survey Re-Visit was conducted on August 7, 2014. A New Horizon Manor had no deficiencies found at time of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 9, 2014

Administrator
A New Horizon Manor
7968 W 14 Court
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a standard biennial survey revisit conducted on August 7, 2014 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

DT9D

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