

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967414	(X3) DATE SURVEY COMPLETED 08/11/2014
NAME OF PROVIDER OR SUPPLIER New Horizon Assisted Living Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 30110 Sw 145 Ct Homestead, FL 33033	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A standard Biennial survey was made on / / .

New Horizon Assisted Living had the following deficiencies:

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have an updated annual community support plan for 1 of 1 (Resident #3) facility Limited Mental Health (LMH) residents.

Findings as follow:

Resident record review documented the facility failed to have an updated annual community support plan for resident #3, admitted to facility on / / , with a diagnosis of / / . The residents record documented the last annual community support plan for resident #3 was dated / / .

During interview on / / at about 11:00 a.m., the facility administrator (staff #1) reported the facility failed to have an updated annual community support plan for resident #3 who is an LMH resident.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to have 2 of 4 facility staff trained in Limited Mental Health (LMH) continuing education (Staff #3 and Staff #4).

Findings as follow:

Facility record review documented the facility has a Standard Assisted Living Facility license with the Limited Mental Health component.

Facility record review documented the facility failed to have staff #3, hired on / / , trained in LMH continuing education for at least 3 hours. The last LMH training was completed on / / .

Facility record review for staff #4, hired on / / . Staff #4 did not have the initial 6 hours of LMH training.

On / / at about 11:00 a.m., the facility administrator (staff #1) reported the facility failed to

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have staff #3 and staff #4 trained in LMH. These staff members are direct caregivers.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2014

Administrator
New Horizon Assisted Living Inc
30110 SW 145 Ct
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on September 1, 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 thirty days 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 Verlande Exil at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

amd
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



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