STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942812	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Bay Vibrant Ret Living 449	**730 South Osprey Avenue Sarasota, FL 34236**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0167-Resident Contracts-09/02/2014

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Revisit New Tags:

0000-Initial Comments

An unannounced followup survey was conducted on 9/2/14 to CCR #2014004947, originally completed on 7/10/14 at Horizon Bay Vibrant Ret Retirement Living, an Assisted Living Facility in Sarasota, Florida.

A 0167 was found to be in substantial compliance. A 0030 was re-cited.

The following is a description of the deficiency:

Based on review of resident contracts and interview, the facility failed to ensure residents' rights involving the right to maintain their own pharmacy without being charged a non-preferred pharmacy fee was honored for 3 (Resident #4, #7, and #8) of 3 sampled residents.

The findings include:

1. Review of Resident #4, #7, and #8's contracts on in the presence of the Executive Director (ED) confirmed the following:

Resident #4 signed a contract on . . . . . Exhibit C, Pharmacy Services Agreement states, "I understand that if I choose not to use the Preferred Provider, I will be charged a service fee, which is set forth on Exhibit X." Exhibit X states a non-preferred pharmacy fee of $292.00 per month.

Resident #7 signed a contract on . . . . . and Resident #8 signed a contract on . . . . . Exhibit C, Pharmacy Services Agreement states, "I understand that if I choose not to use the Preferred Provider, I will be charged a service fee, which is set forth on Exhibit X." Exhibit X states a non-preferred

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pharmacy fee of $292.00 per month.

During this review, a blank copy of the facility contract was requested for review from the ED. The contract dated [redacted] states in Exhibit X that a non-preferred pharmacy fee will be charged in the amount of $292.00 per month.

Interview with the ED on [redacted] at 4:15 p.m., confirmed the facility will charge its residents a non-preferred pharmacy fee if they (the residents) do not elect to choose the preferred pharmacy stipulated by Horizon Bay Vibrant Retirement Living. She acknowledged it may be a violation of the residents' right to choose their own pharmacy. She stated that her regional director instructed her to continue with the pharmacy fee. She stated it was her understanding the regional director would challenge AHCA (Agency for Health Care Administration) in the event they would be recited.

Class III

0167-Resident Contracts 58A-5.025 FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Horizon Bay Vibrant Ret Living 449
730 South Osprey Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a Complaint Revisit Survey conducted on 2, 2014 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2014.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ar
Enclosure

YOSF

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