

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 09/11/2014
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 445	STREET ADDRESS, CITY, STATE, ZIP CODE 217 Boston Avenue Altamonte Springs, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff

0090-Training -

Revisit Repeat Tags:

Initial Comments-

0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Revisit New Tags:

0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

Initial Comments

Revisit to 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 1 sampled residents (#1).

Findings:

Observation revealed there was a box of Clean Nails Proliquid Solution (for nail that did not have a pharmacy label on it for resident #1.

Review of physician order dated Indicated Clean Nails Proliquid Solution apply to toenails twice a day using an applicator.

In an interview with the Health and Wellness Director on at approximately 12 PM who was not aware the medication did not have a pharmacy label on it.

Class III

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0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to ensure a direct care staff who provided care to residents had a certificate that documented one hour of training in Resident Rights within 30 days after employment for 1 of 3 sampled staff (A).

Findings:

Personnel record review for staff A hired on 08/28/14 had no evidence to confirm that she had received 1 hour of training in Resident Rights within 30 days of employment. Review of the Resident Rights certificate revealed staff A completed the training on 08/28/14 and there number of hours was not documented on the certificate.

During an interview with the Wellness Director on 09/11/14 at approximately 12 PM who was not aware the number of training hours was not on the certificate.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 2014 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 surveyor. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

