STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967613	09/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon House	119 W Suwannee Lane Cocoa Beach, FL 32931	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:
0000-Initial Comments
A complaint investigation CCR # 2014004858 was conducted on . . . and on . Horizon House Assisted Living Facility had a deficiency found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to submit an adverse incident report to the Agency for an event that was investigated by law enforcement.

Findings:

Resident record review on . . . for resident #1 revealed a Facility Health Assessment Form (AHCA 1823) with diagnosis of . . . and . The physician indicated that the resident required assistance with self-administration of medications. Review of the residents Medication Observation Record (MOR) revealed that on . . . 120 tablet of . 5 mg/325 mg tablets were delivered to the facility. The record revealed that the resident was out of the facility and in the hospital from . On . . . 53 tablets were missing.

Interview conducted with the facility administrator on . . . who stated 53 tablets of the . 5 mg/325 mg tablets are missing for resident #1. She stated that she investigated the incident and terminated the only staff member who was assigned to work in the home over the days the resident was in the hospital. Both the Cocoa Beach Police and Adult Protective Services are investigating the incident. The administrator stated that an adverse incident report was not sent to the Agency.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Horizon House
119 W Suwannee Lane
Cocoa Beach, FL 32931

RE: CCR #2014004858

Dear Administrator:

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

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