

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942812	(X3) DATE SURVEY COMPLETED 12/02/2014
NAME OF PROVIDER OR SUPPLIER Horizon Bay Vibrant Ret Living 449	STREET ADDRESS, CITY, STATE, ZIP CODE 730 South Osprey Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

An unannounced Biennial survey was conducted on _____ and _____ at Horizon Bay Vibrant Retirement Living, an Assisted Living Facility (ALF) in Sarasota, Florida.

The following is a description of non-compliance:

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, 1 (Staff B) of 4 employees sampled did not receive training required for Assisted Living Facility (ALF) employees.

The findings include:

Staff B was hired as a resident assistant on _____. Record review revealed she did not receive training in _____ control, providing assistance with activities of daily living, resident behavior and needs, emergency preparedness, incident reporting, and safe food handling.

During an interview with the Business Office Coordinator on _____ at 3:14 p.m. she confirmed that the required training was not offered to the employee.

Class III



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 state licensure survey that was completed on 2014 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

