RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
New Horizon Senior Citizen Home
1745 Forest Drive
Inverness, FL 34453

RE: CCR #2014011658

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative of this office.

Enclosed 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 **2015** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910625	12/15/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Horizon Senior Citizen Home	1745 Forest Drive Inverness, FL 34453	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
An unannounced Complaint Survey was conducted at New Horizon Senior Citizen Home in Inverness, Florida on 2014. Deficient practice was identified at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review the facility failed to ensure health assessments were complete for the by not obtaining omitted information for 2 of 3 sampled residents (Residents #1 and #3). The failed to ensure weights were completed as ordered on the health assessment for 1 of 3 sampled residents, Resident #1.

Findings:

Record review of the medical records for Residents #1 and #3 showed the health assessments were not complete. The assessments did not explain the extent and type of supervision or assistance needed for ADLs and self care tasks. The assessment did not provide the type of assistance needed for medications for Resident #3.

Record review of the health assessment dated for Resident #1 showed: Nursing treatmen service requirements: Weights X 3 days then weekly X 4 weeks, then every month and as needed. Record review of the physician's orders for the period of through showed there was no order written to discontinue the weights for Resident #1 as ordered on the 1823. Record review of the records provided by the home care agency showed there were no weights provided for the resident. Record review of the Resident Weight Record showed there was an admission weight, and no additional weights were provided.

An interview was conducted on at 2:44 PM with the Administrator and she stated verification the health assessment for Resident #1 contained an order for the resident to be weighed every day for 3 days, then every week for 4 weeks, and then every month and as needed. His home health agency would have done the weights. They would look at the health assessment and they would know the weights needed to be done. I called the home care agency for the weights, and they said the

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weights, if they did them, would be on the paperwork that had been provided. The Administrator stated she reviewed all the paperwork that was provided from the home care agency and there were no weights given. The Administrator verified there was no order in the resident's record to discontinue the weights.

Class III