STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967961	12/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Bay At Hyde Park	800 West Azeele Street Tampa, FL 33606	
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

Specific Tag Findings:

Assisted Living Facility

An unannounced biennial licensure survey was conducted on .

The Horizon Bay at Hyde Park Assisted Living Facility had one deficiency found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure that the updated health assessment (AHCA Form 1823) was completed with all the required information for 1 (#10) of 2 residents sample for health assessments.

Findings Include:

Record review on of Resident #10's medical record revealed the updated health assessment (AHCA form #1823) from Hospice was not in the resident's medical chart. The director of nursing stated at 2:15 p.m. on Hospice completes an updated health assessment upon admission to their service to reflect a change in care. She would have Hospice fax the updated health assessment to the facility so she could put a copy of it into the resident's file.

The Director of Nursing provided the faxed health assessment from Hospice on / at 2:30 p.m.. The health assessment was dated and the resident was placed on Hospice care on . The health assessment states Parkinson's however section B page 2, Special Diet Instructions was not completed. Also Section B page 4, does the individual need help taking his or her medication was not indicated and the mode of administration was not completed.

When interviewed on at 2:35 p.m., the Director of Nursing confirmed the required information on the updated health assessment was not complete.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon Bay At Hyde Park
800 West Azeele Street
Tampa, FL 33606

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey that was conducted 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Kaufman RNC
Patricia Reid Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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