STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	01/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A New Horizon Manor	7968 W 14 Court Hialeah, FL 33014	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - Z824 - 408.811 Fs, 59a-35.120 Fac - Right Of Inspection; Inspection Reports S-S= C

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Survey was conducted on . 2015. A New Horizon Manor had a deficiency at time of survey.

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC

Based on interview facility failed to provide access to records to a surveyor from the Agency for Health Care Administration.

Findings included:

Arrived to facility at 11:00 am to conduct a limited nursing services monitoring and there were no residents. The facility was being renovated and there were 2 construction workers inside who told me that there were no residents because facility was being renovated. The surveyor was not granted acces into the facility.

At 11:55 am spoke to facility owner on the phone who stated that the facility is being renovated and that the 2 residents she had there were moved to another of her facilities until they finish the construction work.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
A New Horizon Manor
7968 W 14 Court
Hialeah, FL 33014

Dear Administrator:

This letter reports the findings of a limited nursing services monitoring survey that was conducted on , 2015 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 Kristal Branton, Health facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
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