STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Retirement Home	1490 Nw 21st Street Fort Lauderdale, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014010774, was conducted on [redacted] at Horizon Retirement home. The facility had deficiencies found at the time of the visit.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on record review and interview, it was determined that the facility failed to ensure that 2 of 9 sampled employees have a current, eligible Level 2 Background Screening result (Employee #1 & #2).

The findings include:

Review of the facility employee personnel records, on [redacted] with the Administrator/Owner at 11:30 AM revealed an application and hire date for Employee #1 as [redacted] The Level 2 Background Screening results was dated [redacted] "not eligible"

During an interview with the Administrator/Owner at 11:50 AM to review the "not eligible" background screen, he stated Employee #1 works the 11 AM to 6 PM shift as an aide who passes medications when needed. She is applying for an exemption but has not received it yet. The Administrator stated the employee had left for a while and was rehired.

Review of Employee #2's personnel record revealed an, application and hire date as [redacted] The Level 2 Background Screening results were dated [redacted] "not eligible".

During an interview on [redacted] at 12:40 PM with the Owner/Administrator and Manager, the Administrator stated he did not follow-up regarding either of the 2 employees "not eligible" status for the background screenings. The Administrator stated Employee #1 "should have submitted the documentation" but he was not sure. He did not do any type of follow- up for Employee #2. The Administrator confirmed both employees are currently on the schedule and work at the facility providing direct care, passing medications, have access to personal property and living areas.

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A telephone interview on [redacted] at 8:50 AM with the agency background screening unit revealed the last background screening for Employee #2 dated [redacted] " not eligible" status is current due to a disqualifying factor that does not have the required exemption.

A telephone interview on [redacted] at 3:00 PM with the agency background screening unit revealed the last background screening for Employee #1 dated [redacted] "not eligible" status is current due to an exemption that was opened up but never followed through.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon Retirement Home
1490 NW 21st Street
Fort Lauderdale, FL 33311

RE: CCR #2014010774

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb
Enclosure

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