STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942812	01/28/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Bay Vibrant Ret Living 449	730 South Osprey Avenue Sarasota, FL 34236	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0081-Training - Staff In-Service-01/28/2015

Revisit New Tags:
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs

Specific Tag Findings:
An unannounced follow up survey to the Biennial survey was completed on 1/28/15 at Horizon Bay Vibrant Retirement Living, an Assisted Living Facility (ALF) located in Sarasota, Florida.

The one of the deficiency cited at the Biennial was corrected. However, there was one new deficiency cited during this follow-up.

The following is description of the deficiency.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to honor residents' right to confidentiality by failing to maintain resident records in a secure and confidential manner.

The findings include:

1. During a tour of the Assisted Living Facility at 11:00 a.m. on [redacted] a total of 4 white binders titled [redacted] Count" were found on the tables outside the elevators on the 3rd Floor. No staff were present at this time. Opening each binder revealed resident names.

During an interview on [redacted] at 11:05 a.m. Staff G (Medication Tech.) stated, "We were moved out of our medication [redacted] the Health and Wellness Director moved her office in there. We have to set up outside the elevators to give medications to the residents for about 3 weeks now. I think the resident's privacy is being violated because when we give meds here, and are talking to the residents about their medications, people are coming and going off the elevators and can hear us."

2. On [redacted] at 2:25 p.m. a white binder of Controlled Substance Books was observed on top of medication cart #2. The books contained resident's name and the names of their medications. The medication cart was locked and parked next to the elevator. Employee G exited the elevator at 2:40 p.m., looked over at the medication cart, picked up a bottle of water from a table, and walked away leaving the Resident's Controlled Substance Book on top of the medication cart.

At 3:30 p.m. the Controlled Substance Books for medication carts #4 and #5 were observed on a medication cart next to the window. There were no employees in sight.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Horizon Bay Vibrant Ret Living 449
730 South Osprey Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the new deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2015.**

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, RN
Acting Field Office Manager

JS
Enclosure: State Form

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