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)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:
An unannounced complaint survey for CCR#2015000369 and CCR#2014012182 was conducted on [redacted] at Horizon Bay Vibrant Retirement Living, an Assisted Living Facility in Sarasota, Florida.

The complaint, CCR#2015000369 contained 1 allegation, which 1 allegation was substantiated with a deficiency. The complaint, CCR#2014012182 contained 4 allegations, which 1 allegation was substantiated with a deficiency or deficiencies.

There was a stand alone deficiency cited in association with the complaint.

The following is description of the deficiencies.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

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

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation, interview and record review facility failed to properly store medications for 3 Resident #1, #4, and #5) out of 3 sampled residents.

Findings include:

1. Observation during tour on [redacted] at 10:30 a.m. reveled that Resident #1 who occupied [redacted] had all her medications in a locked container in her [redacted]. The following medications found at the container: Alpazolam 0.25 mg, Bactim 400 mg, [redacted] 25 mg, [redacted] 10 mg, [redacted] 20 mg, [redacted] 80 mg, [redacted] 100 mg, [redacted] 5 mg, Junavia 50 mg, [redacted] 88 mcg, [redacted] 20 mg Prandin 0.5 mg, [redacted] 10 mg, [redacted] 650 mg, [redacted] 100 mg, [redacted] 200 mg, [redacted] XL 300 mg.

During an interview with Resident #1 on [redacted] at 10:40 a.m. she said she always had her medications in her [redacted]. She said she has been in the facility since [redacted] and her pills had always been with her in her [redacted]. Resident # 1 also stated the following, "My pills were not always in the container. I used to have them on the drawer but I had two different cases where my pills were missing so I started using a safety locker. I had some [redacted] and some [redacted] missing. It's a while maybe a month or more. She was a new girl and she was the only one came in that day. She does not clean my apartment anymore they gave me someone else. What happen is that night I forgot my [redacted] in my night stand. There were only 6 pills of [redacted]. They were gone, it was after Christmas. Also some time in [redacted] I lost 5 [redacted] and I don 't know how many were for the [redacted] I refill me med's the first of the month and it happen before Thanksgiving so I don 't know how many exact pills I had left for [redacted]. Ever since then I had no issues since I have a new girl now. So I talk to the ED (Executive Director) and nothing was done other than changing the girl. They replace the girl after the second incident but they did not replace my pills."

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Record review for Resident #1 found that she was admitted to the facility on . . . . . Health assessment review for Resident #1 revealed that the only assessment on file was dated . . . . . and indicated that resident needed assistance with her self administration of her medications. Under section nursing services/special precaution and behavior needs health assessment included the following: mixed , affective , undifferentiated ADD, poor insight, , PTR arm port. Staff supervision with medications. Staff assist with ADLS. . . OT , Psych SN, ... care.

During an interview with District Director of clinical services on . . . . . at 11:30 a.m. she said that this is a facility error and she will call the residents physician in order to obtain a modified Health assessment for Resident #1. Furthermore, she said the admitting nurse is responsible for reviewing residents Health Assessment. She also said that the facility regularly monitor residents who are deemed independent upon admission to assure there are no errors in their medications intake. She said that facility did not monitor nor reevaluated Resident #1 for the period she was in the facility said there was no form on record to indicate so.

Since residents Health assessment indicated that Resident #1 needed assistance with her self administration of her medications resident s medications should had been centrally stored.

2. During an interview at this time Employee B, a Licensed Practical Nurse-Supervisor, said that Resident #5 told her either on a Monday or Tuesday, not to be alarmed if she sees the police show up. She said Resident #5 had called them to report missing . . . . . from her apartment and was on her way to notify the Operations . . . . . (OS). Employee B said that Monday and Tuesday are her busy days and it slipped her mind. She did not ask the OS about the situation and the OS has not approached her about it.

3. During an interview on . . . . at 3:20 p.m., Resident #4 said that during Christmas she had about twenty-eight . . . . . pills missing from her . . . . She said she spoke with the Operations about it and there was no explanation. The Operations told her because she is independent with her medication she is responsible for them. She needed to get a lock box and was reimbursed for the box. She was told she would be reimbursed for the medication but has not as of this interview. Resident #4 said she wasn't told maybe her husband took them. She thinks maybe one of the medication technicians took it because the house keeper has been there for 2 years and she hasn't had anything missing before.

4. During an interview on with the Operations , she explained Resident #5 reported to her on . . . . . she had notified the police of missing medication, , from her apartment. The resident explained she had pills missing in . . . . . and . . . . . When asked why she had waited so long to report it, Resident #5 explained it was because she was aware Resident #1 had reported missing medication, , and felt nothing was done about it. Resident #5 was given a lock box.

The Operations said Resident #4 had missing medications, in . . . . . She was given a lock box.

The Operations said she has not had a chance to fully investigate the situation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015000369 and CCR #2014012182

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representatives 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 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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