STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	03/12/2015
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)		

Revisit Corrected Tags:
Z824-Right Of Inspection; Inspection Reports-03/12/2015

Revisit Repeat Tags:

Revisit New Tags:
0025-Resident Care - Supervision-429.26(7) Fs; 58a-5.0182(1) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
N277-Lns - Resident Care Standards-58a-5.031(2) Fac

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring Revisit Survey was conducted on [redacted] 12, 2015. A New Horizon Manor had deficiencies at time of survey.

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview facility failed to provide information regarding the services from a third party provider for one out of two sampled residents (# 1).

Findings included:

Record review of resident # 1 revealed that there was a physician order for home health for administration of [redacted] injections. Further review found there was no information regarding which home health agency is providing the services and there were no progress notes from the home health agency.

On [redacted] at 9:35 am resident #1 stated that the nurse comes twice a day to inject him.

On [redacted] at 9:24 am facility owner stated that she could not find the folder from the agency and that apparently the nurse from the agency took the folder to make copies.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview facility failed to provide evidence of a negative [redacted] examination for Registered Nurse contracted by facility to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility to provide limited nursing services revealed that the last [redacted] examination was done on [redacted] and was negative.

On [redacted], 2015 at 9:30 am facility owner stated that she will contact the nurse and will ask her for the new [redacted] test result.

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 mental health monitoring revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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