STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	**04/22/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RETIREMENT LIVING 444	**3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

A Biennial Licensure Survey was conducted on / through .

The Horizon Bay Vibrant Retirement Living #444, Assisted Living Facility, had deficiencies identified at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interviews and a review of personnel files, the facility failed to ensure that one of three staff employed for more than 30 days had received required training. (Staff C).

Findings Include:

Staff C was hired on / /. A review of Staff C's personnel files and records of all training received, revealed no evidence of training in;

1. Recognizing and reporting resident , neglect and .
2. Reporting major incidents and adverse incidents.

Interviews were conducted with the Business Office Manager on / and , and she stated that she is sure that Staff C had received the trainings at some point, but that since she could provide no evidence of such, she will schedule training for her in the required subjects as soon as possible.

CLASS III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on Observation, Record Review and Interview, the facility failed to ensure for 58 (out of 58) residents, that a 3-day supply of nonperishable food, and sufficient water for drinking and food preparation, is on hand at all times.

Findings Include:

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SUMMARY STATEMENT OF DEFICIENCIES
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0093 Continued From page 1

During a tour of the facility on / through , observation of a storage , located next to the kitchen, that contained the 3-day supply, revealed there was not enough nonperishable food, and no water bottles, containers or collapsible . The food that was on hand, was either expired, or dated / / by the facility.

On / at approximately 12:40 pm, an Interview with the Dietary Services Manager revealed that the storage the 3-day supply of food was cleaned out, expired food such as; powered milk, yogurt and Jell-O, were thrown out.

At approximately 1:10 pm, an Interview with the Interim Administrator revealed that the facility does not have a 3-day supply of food and will order immediately. The facility does have a contract with a water company to deliver bottled water in case of an emergency.

On at approximately 11:00 am, a review of a contract (Memorandum of Understanding) between the facility and a major water company revealed that the facility is prioritized 4th on the list for bottled water delivery, in the event of a disaster. The contract is not coordinated with and reviewed by the local disaster preparedness authority.

On at approximately 1:50 pm, an Interview with the Interim Administrator confirmed that the Dietary Services Manager is responsible for ordering the 3-day supply of nonperishable food and sufficient water for drinking and food preparation. The facility obtained an emergency menu with a food and water ordering guide, provided by corporate. The Interim Administrator confirmed that the facility will be ordering nonperishable food and 5 gallon water according to the facility census.

CLASS III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on interviews and a review of facility reports, the facility failed to provide preliminary and 15 day adverse incident reports to the agency in the required timeframes for 1 of 1 adverse incidents reviewed. (Resident #2).

On / , during an interview with staff working in the Memory Care Unit of the facility, it was discovered that a resident had recently eloped from the Unit. Staff stated that in addition to leaving the Unit, the resident became agitated and aggressive, and that the police were called.

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

0165 Continued From page 2

Resident #2's medical record was reviewed on / and . There was no information contained within the medical record related to an incident of the resident wandering out of the Memory Care Unit or of the local police department being called related to his aggressive behaviors.

The Interim Administrator was asked to produce copies of incident reports on / at approximately 2:00 P.M. On the Interim Administrator and Health and Wellness Director produced copies of a 1 day adverse incident report dated / for Resident #2. It described an incident that occurred on at 10:30 A.M. of Resident #2 exiting the building and that the event was reported to Law Enforcement.

An interview with the Interim Administrator revealed that the previous Interim Administrator had attempted to fax the the adverse incident report to the agency on / but that they do not have evidence that the agency received the report. The Health and Wellness Director stated that the resident was seen by a physician on / and that the family was called. Progress notes dated / were provided. The facility took action to determine the cause of Resident #2's behavior but did not ensure that the required report was sent to the agency.

On the Interim Administrator stated that a 1 day report was faxed to to the Agency on at approximately 11:00 A.M. that contained all required information. She stated that a 15 day report was never filed.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon Bay Vibrant Retirement Living 444
3141 North McMullen Booth Road
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a Biennial state licensure survey that was conducted
21 through , 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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