State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964591	A. Building B. Wing	5/4/2015

Name of Facility	Street Address, City, State, Zip Code
HORIZON BAY VIBRANT RETIREMENT LIVING 447	500 GRAND PLAZA DRIVE ORANGE CITY, FL 32763

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC		ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC		FAC	
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC		ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A LSC	05/04/2015	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Dana Mcgee	Date: 5/14/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: _____

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964591	R **05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RETIREMENT LIVING 447	**500 GRAND PLAZA DRIVE ORANGE CITY, FL 32763**	

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

0000 - Initial Comments

A follow-up to the biennial licensure survey was conducted at Horizon Bay Vibrant Retirement Living on 2015.
Deficiencies were identified.

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

Based on a review of employee files, and interview with the Executive Director (ED), the facility failed to provide the three hours of required in-service training in activities of daily living (ADLs) and behavioral needs, and the one hour of required training in reporting major incidents to 1 of 5 sampled employees (Employee DD) whose files were reviewed.

The findings include:

A review of Employee DD's personnel file found she was hired on as a Resident Care Associate. There was no documentation that she received the required three hour training in ADLs and behavioral needs, or the required one hour training in reporting major incidents since hire.

An interview was conducted with the Executive Director at 10:50 am on . She reviewed the file, and confirmed the missing trainings for Employee DD.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Horizon Bay Vibrant Retirement Living 447
500 Grand Plaza Drive
Orange City, FL 32763

Dear Administrator:

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

The deficiency 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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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