AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RET LIVING 446	**414 CHAPMAN ROAD EAST LUTZ, FL 33549**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

The Horizon Bay Vibrant Living Retirement had 1 deficiency found at the time of this visit.

An Abbreviated Biennial Licensure Survey was conducted on .

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

Based upon interview & record review the facility did not ensure that Day 1 report was filed within 1 business day of a reportable event for 1 resident (#8).

Findings Include:

During the survey of , during interviews (9:45 am & 1:25 pm) with facility staff it was learned that resident #8 left the facility on without informing staff & was returned by the Sheriff's department after being called by concerned persons who saw the resident near a busy road. The resident was returned unharmed to the facility.

According to the resident record & in-house report the resident left the facility sometime after the evening meal without staff knowledge. The resident had not exhibited "elopement risk" behavior in the past. Upon the resident's return, she was assessed by nursing, and family were notified of the event.
Immediately following, the resident was placed on continuous checks and family were requested to secure private duty companion services. The family was also notified of the need to find a more secure facility for the resident.

The family relocated resident #8 on / to a memory care secure facility.

A Day 1 report was not filed with the agency according to facility management interviewed as they were instructed by corporate management that one was not required since a police report was not filed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon Bay Vibrant Ret Living 446
414 Chapman Road East
Lutz, FL 33549

Dear Administrator:

This letter reports the findings of an abbreviated state licensure survey that was conducted on , 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 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 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/clt
Enclosure: State (5000-3547) Form

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