STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	**05/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON RETIREMENT HOME	**1490 NW 21ST STREET FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted at Horizon Retirement Home on . . . . . The facility had deficiencies identified at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interview, the facility failed to ensure staff assisting 2 out of 2 residents (Resident #11 and #12) with self-administration of medication followed correct procedures .

The Findings Include:

a) During observation of medication pass on beginning at 12:02 PM, Staff B (unlicensed staff) washed her hands. Resident #11 was in-line for breakfast, standing next to the medication cart. Staff B opened the locked medication cart. She pulled out (5 mg, 1 tab by mouth three times a day). Staff B pushed the drawer shut. Staff B popped the medication out of the bingo packet into a small metal cup. She gave the resident his/her medication. She said, "Here's your medicine." She did not state the name of the medication. Staff B ensured the resident swallowed the medication. She signed off on the MOR (Medication Observation Record) immediately after.

b) During observation of the medication pass on at 12:08 PM, Staff B (unlicensed staff) washed her hands. Resident #12 came up to the medication cart before he/she ate lunch. Staff B had pulled (4 mg, 1 tablet by mouth before lunch and dinner) from the cart. Resident #12 stated, "Can I take the pill with me? I want to take it with milk." Staff B told Resident #12 to leave the medication in the cup with her. She told Resident #12 that she needed to see him/her take the medication. Resident #12 went back to the dining and brought her glass of milk to the medication cart. Staff B gave Resident #12 the metal cup with the pill inside. Resident #12 took the pill with a drink of milk. Staff B ensured Resident #12 swallowed the medication. Staff B signed off on the MOR immediately after. Staff B did not state the name of the medication given to Resident #12 at 12:09 PM.

After medication pass was completed, the surveyor informed Staff B that she did not state the names of the medications. Staff B acknowledged the findings.

Class III

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

Based on interview and record review, the facility failed to ensure all direct care staff had received the required in-service trainings within 30 days of employment, for 1 of 3 staff (Staff D) records reviewed .

The findings include:

Record review of Staff D's file revealed a hire date of as a direct care staff member. Further review

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

0081 Continued From page 1

revealed the employee had not received training in the following areas: Activities of Daily Living (ADL/3hrs) and Elopement (1 hr).

During an interview conducted with the Administrator at approximately 4:00 PM, who was informed that Staff D who has been employed for more than 30 days has no evidence in the employee record that she completed aforementioned trainings. The Administrator acknowledged that Staff D was missing the noted trainings and stated no further documentation was available for review.

Class

0082 - Training - - 58A-5.0191(3) FAC

Based on interview and record review, the facility failed to ensure that all staff completed a one-time 2 hour course on within 30 days of employment, for 1 of 3 employee records reviewed (Staff D).

The findings include:

Employee record review conducted on at approximately 2:15 PM for Staff D revealed a hire date of There is no certificate of completion in the employee record for the one time required 2 hour training course on within 30 days of employment. The employee has been employed for more than 30 days.

During an interview conducted with the Administrator at 4:00 PM, it was revealed that the certificate of completion for the required 2 hour training is not in the employee record for staff D. Administrator acknowledged that the training is not in the record and that the employee has been employed for more than 30 days.

Class

0090 - Training - - 58A-5.0191(11) FAC

Based on interview and record review, the facility failed to ensure all direct care staff had received training in the facility Do Not Resituate Policy and Procedures within 30 days of employment, for 1 of 3 staff (Staff D) records reviewed.

The findings include:

Record review of Staff D's file revealed a hire date of as a direct care staff member. Further review revealed the employee had not received training in the following areas: Do Not Resituate Policy and Procedures (1 hr)

During an interview conducted with the Administrator at approximately 4:00 PM, who was informed that Staff D who

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

0090 Continued From page 2

has been employed for more than 30 days has no evidence in the employee record that she completed aforementioned training. The Administrator acknowledged that Staff D was missing the noted training and stated no further documentation was available for review.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Horizon Retirement Home
1490 NW 21st Street
Fort Lauderdale, FL 33311

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida