

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/03/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965424	(X3) DATE SURVEY COMPLETED 05/28/2015
NAME OF PROVIDER OR SUPPLIER HORIZON BAY VIBRANT RET LIVING 445	STREET ADDRESS, CITY, STATE, ZIP CODE 217 BOSTON AVENUE ALTAMONTE SPRINGS, FL 32701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Re-licensure survey was conducted on Horizon Bay Vibrant Retirement Living 445 had deficiencies found at the time of the visit. 0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC Based on record review and interview the facility failed to ensure the Assisted Living Facility Health Assessment Form (1823) included the required information for 1 of 2 sampled resident records reviewed (#1). Findings: Record review for resident #1 revealed an Assisted Living Facility Health Assessment form (1823) updated on that indicated diagnoses aneurysm and There was no documentation to indicate the resident's diet and what type of assistance the resident needed with medications. In an interview with the corporate nurse on at approximately 2 PM who stated she was not aware the physician did not indicate the resident's diet and what type of assistance was needed with medications on the 1823. Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide for the safe care of the residents. Findings: Observations during the tour of the facility on at approximately 9:45 AM revealed there were dirty and stained carpets in the memory care unit common areas and in #313, #316 and # 342. The business office manager stated on at approximately 3 PM that the carpet in had been cleaned. Class III		



RICK SCOTT
GOVERNOR

ELIZABETH DUKE
SECRETARY

, 2015

Administrator
Horizon Bay Vibrant Ret Living 445
217 Boston Avenue
Altamonte Springs, FL 32701

RE: Biennial relicensure

Dear Administrator:

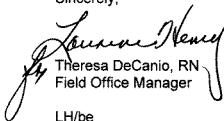
This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) of this office.

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. **Please forward documentation of correction to the Field Office.** 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 Lorraine Henry at

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be

Enclosure

XG90

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