RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Horizon Senior Citizen Home
1745 Forest Drive
Inverness, FL 34453

RE: CCR #2015003954

Dear Administrator:

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

Enclosed 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 , **2015** 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910625	05/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
NEW HORIZON SENIOR CITIZEN HOME	1745 FOREST DRIVE INVERNESS, FL 34453	

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

0000 - Initial Comments

An unannounced Abbreviated Licensure survey in conjunction with an Extended Congregate Care Monitoring and a Complaint Investigation (2015003954) was conducted at this Assisted Living Facility located at 1745 Forest Drive, Inverness, Fl. 34453, from 13 through 2015. There were no deficiencies from the Abbreviated and Extended Congregate Care surveys. There was a deficiency identified during the course of the Complaint Investigation (A0030). The facility was found not in compliance with Chapters 429, Part I & 408, Part II, Florida Statutes and 58A-5, Florida Administrative Code.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interview, the facility failed to honor resident's rights as it pertains to resident's discharge procedures.

Review of Resident 1's clinical record showed that the facility gave the resident a 45 day notice based on his need for a higher level of care that the facility could not provide. Review of the resident's 1823 dated showed that the resident was independent with eating, toileting, transfers and needed supervision with ambulation, bathing, dressing and

Continued review of the notice showed that it referred to the Statutes 400.426(9) and 400.426 (10) which requires a physician or nurse practitioner to state that the resident no longer meet the criteria for residency.

During the interview with the Administrator on at 2:48 pm she stated that the resident was independent with his ADLs. Continuation of the interview showed that the facility did not have documentation from a physician or nurse practitioner stating that the resident's needs could no longer be met in the facility.

Class III