STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965370	05/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RET LIVING 443	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714	

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

0000 - Initial Comments

AMENDED State form to change A0054 to A0053 and revised A0093.

****

The re-licensure survey in conjunction with Complaint Investigation #2015003662 on Horizon Bay Vibrant Retirement Living Assisted Living Facility #443 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 that 1 of 5 sampled residents (#4) had a completed health assessment that addressed all the required criteria.

Findings:

Resident record review for resident #4 revealed an Assisted Living Facility Health Assessment form (1823) updated on Continued review revealed the assessment did not indicate whether the resident needed assistance with self-administration of medications, or needed medications administered. That portion of the form was blank.

In an interview with the Health and Wellness Director on at approximately 5 PM who stated the form was not complete.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to provide adequate supervision to prevent and a proactive, intervention plan in place to prevent injuries from for 1 of 5 sampled residents (#4).

Findings:

Resident record review for resident #4 revealed an Assisted Living Facility Health Assessment form (1823) updated on that indicated diagnoses and The resident needed assistance with all activities of daily living. The resident had a history of and mild

Resident record review and review of incident reports revealed:
at 11 AM, resident in resident found with redness to skull/scalp. Found lying backwards in wheelchair. Called 911, taken to hospital.
at 12:10 PM resident in bedside, to left elbow and shoulder. He stated he rolled out of bed and did not have his pendant on. First aid applied.
at 3:30 PM resident in bedside, no injury.

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0025 Continued From page 1

at 10 AM resident in observed on bedside on knees, denied falling no injury.
at 7:55 AM resident in rolled out of bed, scrape/ on left elbow, first aid to elbow applied, scraped right elbow on the night stand.
no time, rolled and slid out of bed no injury, denied the
at 9:30 PM found sitting on floor by bedside. He stated he on his , no injuries.
at 5:25 PM in , found on floor, pain and to left shoulder and left upper arm. Complained of soreness left shoulder.
complained of left shoulder pain, stat x-ray. Diagnosis: no or , severe and moderate degenerative
at 2 PM left shoulder pain and 3 plus pitting in left hand, to elevate
at 10 PM slid off bed no injury.
There was no documentation to review that indicated a proactive, intervention plan was developed to prevent with injuries. Documentation was requested that the resident was receiving OT, and it was not received. Documentation was requested that the resident had an individualized management plan. The corporate Management Program overview was received.
In an interview with the Health and Wellness Director on at approximately 4 PM who stated, the resident had a pendant to call, he refused to call and he needed assistance and was noncompliant. She also stated he was receiving Physical and Occupational (OT).
Class III

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on interview and record review the facility failed to ensure that 1 of 3 sampled residents (#3) who is capable of self-administering medication was not encouraged and allowed to do so.
Findings:
Resident record review for resident #3 revealed he was admitted on The Health Care Assessment (Form 1823) was updated on and revealed he needs assistance with the self-administration of medication. Further review revealed an addendum on from a health care provider and the addendum documented the resident can self-administer his medication and his wife can monitor.
On at approximately 7:30 am a medication pass observation was completed. The staff provided resident #3 with assistance in self-administration of medication. The staff did not encourage and allow the resident to take his own medication.
On at approximately 1:30 pm in an interview with the Health and Wellness Director she stated she did see that resident #3 could administer is own medication
Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and record review the facility failed to have a nurse administer medication to 1 of 3 sampled residents (#1).

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0053 Continued From page 2

Findings:
Record review for resident # 1 revealed she was admitted on . . . . . The Health Assessment form (1823) updated dated . . . . . revealed the resident needs medication administration and the family can assist with medication and monitor them.
Medication Observation Record (MOR) review for resident #1 revealed she administers her own medication.
Further review of resident #1's record revealed that there is no order from a healthcare provider that she can administer her own medication.
On . . . . . at approximately 1:30 pm in an interview with resident #1 she stated she uses an automatic pill machine. She stated that at 8 am the machine tells her to take her pill and dispenses the medication. She stated she goes over to the machine and takes the pill. Resident #1 stated that the same thing happens at 8 pm. She stated her daughter purchased the machine, fills the machine and programmed the machine.
On . . . . . at approximately 1:45 pm in an interview with the Director of Health and Wellness, she stated she was not aware that the 1823 showed that the resident needed her medication administered.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review and interviews the facility failed to ensure:
1. Unlicensed staff were assigned duties that were consistent with their education and did not perform services that required a licensed nurse for 1 of 5 sampled residents (#3).
2. Staff had documentation of freedom from all communicable . . . . . and a negative . . . . . examination for 2 of 8 sampled staff (Staff B and D).

Findings:

1. Observation on . . . . . at approximately 9:45 AM revealed resident #3 had a leg brace on his left leg and a Continuous Positive Airway Pressure (CPAP) machine at his bedside. In an interview with resident #3 on . . /15 at 9:45 AM who stated he had a . . . . . and was unable to use his left arm and the caregivers put the brace on and he took it off.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated . . . . . and updated on . . . . . that indicated diagnoses of . . . . . and sleep . . .

In an interview with the Resident Care Director on . . . . . at approximately 4 PM who stated the resident was able to put his CPAP machine on and was not aware the unlicensed staff were performing a nursing service.

2. Review of personnel files revealed Staff D, date of hire . . . . . , had a . . assessment that was not signed and a negative . . skin test dated . . . . . that was not signed.

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Personnel record review for Staff B hired ... had an annual ... test that was dated ..... and was signed by a Registered Nurse (RN) and not a health care provider (physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.).

In an interview with the Human Resource staff on ... at approximately 5 PM who stated, she was not aware the documents were not signed and that Staff B ... test was signed by a RN.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on staff schedule review, personnel record review and interview the facility failed to ensure there was a staff available on the premises to provide assistance with the self-administration of medications at all times. .

Findings:

Review of the staff schedule for ..... 2015 along with the Resident Care Director, revealed there was no staff listed on ..... that was trained to provide assistance with the self-administration of Medication for the 11 PM-7 AM shift.

During an interview with the Resident Care Director on ..... at approximately 6:30 PM, after reviewing the staff schedule she stated on ..... there was no staff that worked who was trained in providing assistance with the self-administration of medication on that night.
She stated she recalled having to drive back to the facility to give a pain Medication to resident #2 because there was no staff present to give the resident her medication, she could not recall the date. She further stated she lived only minutes away from the facility.

Class III

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

Based on personnel record review and interview the facility failed to have evidence that 1 of 8 sampled staff (C and D) received the required in-service training before hire and within 30 days of hire.

Findings:

Personnel record review for staff C hired in ..... as a Caregiver, revealed a Certificate that was dated ..... for a 2 hour Assistance with Activities of Daily Living in-service Training. There was no documentation to confirm she had received a 3 hours training that included Resident behavior and needs and providing assistance with the activities of daily living. There was no documentation to confirm that she had obtained in-service training on

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0081 Continued From page 4

Reporting major and adverse incidents.

During an interview with the Business Officer Manager on [redacted] at 5:30 PM, she stated staff C did not have the training.
Review of personnel files revealed Staff D (caregiver) date of hire on [redacted] did not have documentation to review that indicated she had training within 30 days of hire in Providing Assistance with the Activities of Daily Living, Emergency Preparedness and Evacuation, Incident Reporting, Resident Rights and Safe Food Handling (due

In an interview with the Business Office Manager on [redacted] at approximately 3:30 PM who stated she was not aware the staff D did not have the required training.

Class III

0082 - Training - [redacted] - 58A-5.0191(3) FAC

Based on Personnel Record review and interview the facility failed to ensure that 3 of 4 sampled staff (A, C and D) had obtained the one-time education course on [redacted] and [redacted] within 30 days of employment.

Findings:
Review of personnel files revealed Staff A date of hire on [redacted], Staff C date of hire was in [redacted] and Staff D date of hire [redacted] and were all caregivers, did not have documentation to review that indicated they had training within 30 days of hire in [redacted]

In an interview with the Human Resources staff on [redacted] at approximately 3:55 PM who stated she was not aware that staff A, C and D did not have the training.

Class III

0083 - Training - First Aid and [redacted] - 58A-5.0191(4) FAC

Based on record review and interview the facility failed to ensure for staff who worked alone, they had completed a [redacted] and First Aid course for 1 of 8 sampled staff (Staff D).

Findings:

Review of personnel files revealed Staff D, an unlicensed caregiver, who worked 11 PM- 7 AM did not have documentation of completion of a current course in [redacted] and First Aid.

In an interview the Human Resources staff on [redacted] at approximately 6 PM who was not able to locate the staff's

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training.

Phone interview with the Human Resources staff on at 3:55 PM who stated the staff on the 11-7 PM shift did not have First Aid training. The staff who had the First Aid training, who worked 11 PM-7 AM did not work in the facility anymore.

The facility did not have staff that were trained in First Aid to work the 11 PM to 7 AM shift, leaving the residents at risk, with no adequately trained staff available to oversee any emergencies.

Class II

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and interview the facility failed to ensure staff had a certificate that included the number of hours of training in within 30 days of hire for 1 of 8 sampled staff (Staff D).

Findings:

Review of personnel files revealed Staff D date of hire on did not have documentation to review that indicated she had one hour of training within 30 days of hire in (due

In an interview with the Human Resources staff on at approximately 5:30 PM who stated she was not aware the certificate did not include the number of hours of the training.

Class

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed to have a 3-day supply of nonperishable protein and vegetables on hand at all times.
Findings:
During the entrace conference the staff stated the census for was 74 residents.
On at approximately 10:45 AM the 3-day supply of non perishable food was observed. The facility did not have any vegetables on hand and there was not enough protein on hand. The facility had 144 ounces of protein. The facility would need 1, 332 ounces of protein (number of residents x 6 ounces x 3 days=1,332 ounces).
On at approximately 11:00 AM in an interview with the food service designee, she stated she did not have any more protein and there were no vegetables. She stated the food items needed to be replaced.
In an interview with the administrator on at approximately 11:15 AM she stated she helped the food service designee clean out the supply the above non perishable food items need to be replaced.
Class III

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0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to ensure that the facility was free from odors and dirty carpets.

Findings:

Observations on [redacted] at approximately 9:30 AM, there was a strong [redacted] smell by [redacted]. The door was opened and the [redacted] of [redacted] and the carpets were extremely dirty and stained. Observation on [redacted]/15 at approximately 5:50 PM, after the [redacted] been cleaned, the [redacted] to have a strong [redacted] smell.

Observation on [redacted] at approximately 9 AM revealed there were also dirty/stained carpets in [redacted] 128 and 224.

During an interview with the Resident Care Director, she confirmed the findings.

Class III

Z827 - Unlicensed Activity - 408.812, FS

Based on observation, record review and interview the facility failed to ensure they obtained a Limited Nursing Services license before performing nursing services for 1 of 5 sampled residents (#3).

Findings:

Review of the facility's license revealed a Standard Assisted Living License that expired on [redacted].

Observation on [redacted] at approximately 9:45 AM revealed resident #3 had a leg brace on his left leg and a Continuous Positive Airway Pressure (CPAP) machine at his bedside. In an interview with resident #3 on [redacted] at 9:45 AM who stated he had a [redacted] and was unable to use his left arm and the caregiver applied the leg brace in the morning and he removed it in the evening.

Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated on [redacted] and updated on [redacted] that indicated diagnoses of [redacted] and sleep

In an interview with the Resident Care Director on [redacted] at approximately 4 PM who stated the resident was able to put his CPAP machine on and was not aware the facility needed a specialty license for the resident's leg brace.

The unlicensed staff applied and removed the leg brace and the CPAP, a Limited Nursing Service.

In an interview with the Health and Wellness Director and on [redacted] at approximately 5 PM who was not aware the unlicensed staff were performing a nursing service.

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Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015
, 2015 (amended state form)

Administrator
Horizon Bay Vibrant Ret Living 443
360 Montgomery Road
Altamonte Springs, FL 32714

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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