STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965400	R **06/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON BAY VIBRANT RETIREMENT LIVING 444	**3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to the biennial state licensure survey was conducted on .

The Horizon Bay Vibrant Retirement Living #444, assisted living facility, had an uncorrected deficiency at the time of the visit.

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

Based on Observation and Interview, the facility failed to ensure for 55 (out of 55) residents, that a 3-Day Supply of nonperishable food, and sufficient water for drinking and food preparation, is on hand at all times.

Findings Include:

On at approximately 12:25pm, observation of the storage next to the kitchen, accompanied by the Dietary Services Manager and Administrator, revealed that the facility does not have enough nonperishable food or water for the required 3-Day Emergency Supply. The storage observed to be clean and organized. Observation of the nonperishable food was noted, and did not meet the requirements for a census of 55 residents. The food that is on hand is dated by the facility of / / , and was only on the cans of prunes and beets. Observation of the water revealed 11 cases of 48 - 8 ounce bottles stacked to the left of the storage . The water bottles total 33 gallons. For a census of 55 residents, the minimum of 495 gallons of water is required, plus water for food preparation. The facility did not meet this requirement.

On at approximately 12:45pm an Interview with the Administrator revealed the facility did not order the the 3-Day Emergency Supply of nonperishable food or water. The Dietary Services Manager does have a list of food to order from the corporate office, and will order the required 3-Day Emergency Supply of nonperishable food and water on .

Uncorrected

Class III

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965400	A. Building B. Wing	06/15/2015

Name of Facility	Street Address, City, State, Zip Code
HORIZON BAY VIBRANT RETIREMENT LIVING 444	3141 NORTH MCMULLEN BOOTH ROAD CLEARWATER, FL 33761

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0081 Reg. # 58A-5.0191(2) FAC LSC		ID Prefix A0165 Reg. # 429.23(1-4 & 6-10) FS; 58A-: LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature]	Date: 6/19/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

1CFR12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon Bay Vibrant Retirement Living 444
3141 North McMullen Booth Road
Clearwater, FL 33761

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (727) 552-2000.

Sincerely,

Paul Brown, HFES
FOR Patricia Reid Caufman

PRC/clt
Enclosure: (State Form 5000-3547),

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St. Petersburg, FL 33701
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