STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967613	**06/01/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
HORIZON HOUSE	**119 W SUWANNEE LANE COCOA BEACH, FL 32931**	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted . . . . . Horizon House Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure they documented that the healthcare provider was notified of a weight loss for 1 of 3 sampled residents (#2).

Findings:

Resident record review revealed resident #2 had an Assisted Living Facility Health Assessment form (1823) dated . . . . . that indicated diagnoses of . . . . . and . . . . . .

Review of resident's weights revealed on
. . . . . - admission weight was 125 pounds
. . . . . 2014 - 106 pounds

There was no documentation to review that indicated the physician had been informed of the weight loss.

In an interview with Staff A on . . . . . at approximately 2 PM who stated the physician was aware of the weight loss and it was not documented.

In a phone exit with the manager on . . . . . at approximately 3:45 PM who was not aware the notification was not documented.

Class III

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

Based on record review and interview the facility failed to ensure residents were treated with dignity and respect and did not respond to grievances and document their resolutions for 1 of 3 sampled residents (#3).

Findings:

In an interview with resident #3 on . . . . . at approximately 2:30 PM who stated
I love the house, I love the area. The workers they have here are good. As of . . . . . boyfriends and children are not allowed to stay overnight in the facility. Two of the staff's children stayed 2 nights ago. They were 4 months and 1 year. A staff member had her boyfriend and her dog stay overnight about two weeks ago. When overnight visitors are in the facility I do not get the attention that I need. She stated she had been trying to get in touch with

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0030 Continued From page 1

the manager to discuss her concerns and did not get a response from her for approximately 2 weeks. She stated that she had also had previous concerns that she had discussed with the facility. She stated the facility did not have monthly Resident Council Meetings.

There was no documentation to review that indicated residents had grievances and documentation of their resolution.

Review of the facility's Grievance Policy and Procedure revealed:
It is the policy of this facility to have a monthly Resident Council meeting. This facility has an open door policy and at any time a resident may request to have a discussion with the Administrator or Senior Staff to voice their issues/concerns.
Procedure:
Each month a group meeting will be held. An attendance sheet, a list of issues and/or concerns and their proposed resolution will be documented. The Administrator/designee will meet with the owner to discuss the meeting, any issues and/or concerns and their proposed solutions.
Each month or more frequently, staff will talk to each resident individually to discover if there are any concerns or issues that the resident is hesitant to bring up in the resident council meeting and if yes, asked to suggest a solution. The Administrator/designee will meet with the owner to discuss the issues and or concerns and their proposed resolution. The agreed upon resolution of the issue/concern will be relayed to the resident and documented as an addendum to the resident council meeting minutes.

There was no documentation to review that indicated residents had monthly Resident Council meetings.

In a phone exit with the manager on [redacted] at approximately 3:45 PM who stated she was aware resident #3 wanted to talk to her and she had arranged to take her out to dinner that week to address her concerns. She was made aware of the children staying overnight and came to the facility to remove them to another location. She also stated the facility did not have documentation of the grievances and their resolutions.

Class III

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

Based on observation, record review and interview the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, close the container and return to storage and document on the Medication Observation Record for 1 of 3 sampled residents (#1).

Findings:

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 2

Observation on at approximately 2:20 PM of the medication pass revealed the unlicensed staff was not following the proper procedure when assisting the residents with self-administration of medications.

The unlicensed staff obtained the medication from locked storage, compared Medication Observation to label, poured water, put the medication in cup, charted med, read label to resident, watched resident take med, returned med to locked storage. The staff did not chart the medication after the resident was given the medication.

Phone interview with the administrator on at approximately 3:30 PM who was not aware the staff member was not following the proper procedure when assisting with medication.

Class III

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

Based on record review and interview the facility failed to ensure 1 of 2sampled staff (A) had annual documentation of negative examination.

Findings:

Review of personnel files revealed:

Staff A, date of hire 2015, had a negative skin test on (due 2015). It was unable to be determined who signed the statement.

In a phone exit with the manager, on at approximately 3:45 PM who was not aware the signature on Staff A's test was not legible.

Class III

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

Based on observation and interview the facility failed to ensure the resident's shower was maintained in working order, with no leaks in the wall.

Findings:

Tour of the facility on at approximately 9:20 AM revealed there was a sign on the wall in the , on the left side of the facility that stated "Do No Use Shower".

In an interview with resident #3 on at approximately 2:30 PM who stated the shower in the in

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0152 Continued From page 3

need of repair and they were using another shower in a vacant

In a phone exit with the manager on at approximately 3:45 PM who stated there was a leak in the wall that was in need of repair, they were not using the shower until it was repaired and the plumber was scheduled to do the repair.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Horizon House
119 W Suwannee Lane
Cocoa Beach, FL 32931

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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