STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964499	08/31/2015
NAME OF PROVIDER OR SUPPLIER **NEW HORIZONS GROUP HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **109 EAST CLAY AVENUE** **BRANDON, FL 33510**	

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

0000 Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on /

New Horizons Group Home, assisted living facility, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure that employee records contained a statement from a health care provider documenting that the individual does not have any signs or symptoms of a communicable for 1 (Staff A) of 4 records reviewed.

Findings include:

A Biennial Survey was conducted on /

During a review of employee records, it was discovered that Staff A ' s records did not include a statement from a health care provider documenting that the individual does not have any signs or symptoms of a communicable (Communicable Statement).

According to facility records, Staff A began employment on and provides direct care to the facility ' s residents. It is required that staff members submit a Communicable Statement within 30 days after beginning employment.

An interview took place with the administrator at 2:40 P.M. on / . The administrator was asked to produce Staff A ' s Communicable Statement. The administrator reviewed Staff A ' s employee record and stated that it wasn' t there.

Class III

0081 Training - Staff In-Service

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Based on interview and record review, the facility failed to ensure that all staff receive in-service training regarding elopement policies and procedures for 1 (Staff A) of 4 employee records reviewed.

Findings include:

A Biennial Survey was conducted on / .

During a review of employee records, it was discovered that Staff A ' s records did not include proof of training concerning the facility ' s policies and procedures regarding resident elopement (Elopement Response Training).

According to facility records, Staff A began employment on / and provides direct care to the facility ' s residents. It is required that all staff members receive Elopement Response Training within 30 days of employment.

An interview took place with the administrator at 5:05 P.M. on / . The administrator was asked to provide proof of Elopement Response Training for Staff A. The administrator reviewed Staff A ' s employee record and stated that she doesn ' t see it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Horizons Group Home
109 East Clay Avenue
Brandon, FL 33510

Dear Administrator:

This letter reports the findings of a biennial 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 attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr
Enclosure: State (5000-3547) Form

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