STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	10/13/2015
NAME OF PROVIDER OR SUPPLIER **A NEW HORIZON MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7968 W 14 COURT** **HIALEAH, FL 33014**	

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

0000 Initial Comments

A Complaint (CCR#2015009930) Survey was conducted on , 2015. A New Horizon Manor had the following deficiencies identified at time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to ensure qualified staff submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable and have proof of a negative examination documented on an annual basis for two out of four (#A and D) .

Findings included:

Record review found that Staff A (hired / /) And Staff D (hired) did not have written statement documentation of being free from signs and symptoms of communicable and proof of a negative ( ) examination documented on an annual basis.

Interview on /15 at 3:30PM, Staff B acknowledged Staff A and D did not have proof of negative .

Class III

0080 Training - Core & Competency Test

Based on personnel record review and interview the administrator failed to have continuing education (12 hours every 2 years) in topics related to assisted living facility.

Findings included:

Record review on / / at 10:00 AM showed that the facility's Administrator (hired /) did not have continuing education update in regards to their CORE completion in her personnel chart. Record review found the administrator completed the CORE on / . Record review found the last completed on / / .

Interview on at 3:00 PM with the Administrator's daughter acknowledged the 12 hours continuing education update was not completed.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
A New Horizon Manor
7968 W 14 Court
Hialeah, FL 33014

RE: CCR #2015009930

Dear Administrator:

This letter reports the findings of a Complaint 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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