

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966265	(X3) DATE SURVEY COMPLETED R
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) Revisit Survey was conducted on 12/31, 2015. A New Horizon Manor had a deficiency identified at time of the survey.

L243 LMH - Training

Based on record review and interview the facility failed to have one out of three (A) sampled employees to have trained in a minimum of 6 hours of Limited Mental Health (LMH) training within 6 months of hire.

Findings included:

Record review revealed Employee A (Administrator), hired on 12/1/15, did not have the LMH training within 6 months of hire.

Interviewed the Administrator by phone on 12/1/15 at 9:15 AM, he confirmed the findings in regards to him not having the LMH training.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966265(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
12/31/2015

Name of Facility

A NEW HORIZON MANOR

Street Address, City, State, Zip Code

7968 W 14 COURT
HIALEAH, FL 33014

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	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0080 Reg. # 429.52(1-2) FS: 58A-5.0191 LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS ROReviewed By

Reviewed ByDate:
11/21/14
Date:Signature of Surveyor:

Signature of Surveyor:Date:

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



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a complaint 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.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 11, 2016.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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