STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967613	02/11/2016
NAME OF PROVIDER OR SUPPLIER **HORIZON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **119 W SUWANNEE LANE** **COCOA BEACH, FL 32931**	

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

0000 Initial Comments

A Change of Ownership licensure survey was conducted on / . Horizon House had deficiencies at the time of visit.

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to have documentation for staff A ( ) examination annually.

Findings:

Personnel record review revealed Staff A did not documentation an annual ( ) examination (Due).

During interview on / at 5 PM with staff A acknowledging a new annual ( ) examination is needed immediately. She stated she was not aware an annual test was due.

Class III

0082 Training - /

Based on personnel record review and interview the facility failed to ensure staff A completed a one-time training on / (/).

Findings:

Personnel record review revealed no documentation showing staff A completed the one-time / (/) training.

During interview on / at 5 PM with Human Resource Manager who stated she was not aware staff A did not have the training.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review and interview the facility failed to ensure that both staff C and staff D

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completed the initial 4 hour assistance with self-administered medications training.

Findings:

Personnel record review revealed there was no certificate that the 4 hour initial assistance with self-administered medications training for both staff C and staff D.

During interview on / at 5 PM with the Human Resource Manager who stated she was not aware staff C and staff D did not have their 4 hour initial self-administered medication training certificate in their personnel records.

Class III

0161 Records - Staff

Based on personnel record review and interview the facility failed to ensure documentation of Background Screening (BGS) Level 2 background for staff C and staff D.

Findings:

Personnel record review revealed no documentation that Background Screening (BGS) Level 2 background for staff C and staff D.

Background Screening (BGS) Level 2 background checked on at 7 PM for staff C revealed eligibility on .

Background Screening (BGS) Level 2 background checked on at 7 PM for staff D revealed eligibility on .

During interview on / at 5 PM with the Human Resource Manager acknowledged she was unaware that the Level 2 background screening documentation was not in staff C and staff D personnel record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: Change of Ownership

Dear Administrator:

This letter reports the findings of a state licensure CHOW survey that was conducted on , 2016 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 , 2016.** 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com