AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966265	R 02/16/2016
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 Revisit Survey (CCR#2015009930) was conducted on 16, 2016 at A New Horizon Manor. The previous deficiency was not corrected at time of the survey. A new deficiency was found.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to document significant changes in health condition on AHCA form 1823 Health Assessment for one of two sampled residents (Resident #2).

Findings included:

A review of progress notes revealed that Resident #2 was hospitalized on . The resident was evaluated by a Nurse and was accepted into Hospice care.

A review of progress notes in the resident record dated revealed: "Resident (#2) was not able to get sleep due to breathing. Consulted with hospice and family. Nurse came @ 11; 30 AM and evaluated him. Resident was transferred to hospice hospital via non-emergency."

A review of progress notes in the resident record dated revealed: "While at the hospital, staff removed fluid from Residents' (#2) lungs. While in the hospital Resident in bathroom and hit his head. Hospital staff performed since he is taking Coumadin. Results came back negative. Resident was brought back via non-emergency transport @ 4:26 PM. Resident seems very weak."

A review of progress notes in the resident record dated 01-30-2016: "Resident (#2) fell out of bed when getting up to use . Family was called and hospice was notified. Resident was made aware that he cannot move from bed without assistance."

Reviewed Resident #2's Health Assessment dated . The face sheet was incomplete or inaccurate in in these areas:

Medical history and diagnosis: stated see progress notes ( ).
Physical or sensor ions: stated see progress notes.
Nursing/treatment/ services requirements: stated N/A however the resident was under a (24 hour nursing supervision).
Special precautions: stated N/A
Section 1. Page 2- level of supervision needed for various activities were all left blank.

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Activities of Daily Living (ADL) section stated(Ambulation marked (S) for supervision/ bathing checked (I) Independent/Dressing marked (I) Independent/ Eating marked (S) Supervision/ Self-Care ( ) marked (I) Independent/Toileting marked (I) Independent/ Transferring marked (I) Independer.., :r the resident was unable to perform these functions independently or while only supervised by staff. The resident required assistance or a higher level of support.
Section (C) Status (1) Number 2 - regarding whether the resident is bedridden; form stated (NO) however the resident has been assessed as bedridden by the hospice doctor's order.
Section 5. Required 24-hour Nursing or . Care was marked (NO), however according to resident progress notes resident needs 24-hour Crisis care services under the Hospice notes.

On - at 12:30 PM, the Administrator acknowledged that Resident #2 was in need of a new health Assessment which would identify the significant changes since being in hospice care and under a nurse ' s crisis care supervision.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to have documentation that one of two sampled Employees (Employee A- Administrator) had received the required training in the area of Limited Mental Health.

Findings included:

A review of the Agency database revealed that the facility maintains a Limited Mental Health specialty license.

Record review revealed that Employee A (Administrator) started on - and did not have the training in the area for Limited Mental Health in his file at the time of the revisit survey.

On - at 11:45 AM, Employee A(Administrator) confirmed that he did not have documentation of completing the training for Limited Mental Health.

UNCORRECTED

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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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 **second** Change of Ownership State Licensure Revisit Survey conducted on 16, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 , 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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

YOSF

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