STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967414	07/07/2016
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **30110 SW 145 CT** **HOMESTEAD, FL 33033**	

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

0000 Initial Comments

An abbreviated biennial survey was conducted on , 2016. New Horizon Assisted Living Inc. with limited mental health and limited nursing services components and license number 11466 had the following deficiencies identified at the time of the survey:

0032 Resident Care - Elopement Standards

Based on record review and interview the Assisted Living Facility failed to complete two elopement drills per year.
Findings included:
Review of facility ' s record revealed the last elopement drill was conducted on / . There was not documentation of a second elopement drill conducted on 2015 and there was no documentation of any elopement drills were conducted in 2016.
In an interview on at 10:44 AM the Administrator revealed that facility just conducted one elopement drill on 2015.

Class III

0054 Medication - Records

Based on observation and record review, the Assisted Living Facility failed to have a medication record with correct scheduled hours for assistance with self-administration of medication for one (Resident #2) out of six sampled residents.

Findings included:

Observation on at 12:27 PM revealed that Caregiver A assisted Resident #1 with self-administration of medication of 50 mg tablet (help to relieve pain).

Review of Resident #1's medication observation record revealed that the doctor's order for 50 mg tab was take one tablets every 8 hours but it was scheduled at AM, noon, and PM.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility's failed to appoint in writing a separate

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manager for each facility the Administrator supervised.

Findings included:

Review of Florida Health Finder website revealed that Administrator supervised two assisted living facilities.

In an interview on at 10:05 AM the Administrator revealed that facility did not have a manager, Administrator's wife passed the CORE training and will be the Administrator for the other facility.

Class III

0160 Records - Facility

Based on record review and interview, the Assisted Living Facility failed to an annual satisfactory sanitation inspection report by the county health department.

Findings included:

Review of facility's record revealed that last facility health inspection was done on . . . I/ . . The Assisted Living Facility failed to an annual satisfactory sanitation inspection report by the county health department.

In an interview on at 10:10 AM the Administrator revealed that the health inspection expired, Administrator called to schedule the inspection and inspection will be done soon.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
New Horizon Assisted Living Inc
30110 Sw 145 Ct
Homestead, FL 33033

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

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