STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942812	R
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 449**	STREET ADDRESS, CITY, STATE, ZIP CODE **730 SOUTH OSPREY AVENUE SARASOTA, FL 34236**	

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

0000 Initial Comments

An unannounced revisit survey was conducted on at Horizon Bay, an Assisted Living Facility, (license #8261) in Sarasota, Florida.

This was a follow-up to the complaint survey completed on .

The following is description of the deficiencies found at the time of the visit.

0054 Medication - Records

Based on record review and staff interview, facility staff failed to update the Medication Observation Record (MOR) each time the medication was offered or administered for 3 (Residents #5, #6, and #13) of 3 Resident MORs reviewed.

The findings included:

1. On , a review of 3 Resident MORs revealed the following:

On , 21st, and 31st there were no initials or explanation given on Resident #5's MOR for the 8:00 p.m. dose of or Lotemax eye drops.

On and 11th, there were no initials or explanation given on Resident #5's p.m. dose of .

On 1st, there were no initials or explanation given on Resident #5's 8:00 p.m. dose of and .

On , 19th, and 20th there were no initials or explanation given for Resident #5's 8:00 a.m. dose of Extra Strength.

On , 17th, 18th, 19th, and 20th there were no initials or explanation given for Resident #5's 8:00 p.m. dose of Extra Strength.

On , there were no initials or explanation given for the 8:00 a.m. dose of .

On , there were no initials or explanation given for Resident #13's 4:00 p.m. dose of and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942812	R
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 449**	STREET ADDRESS, CITY, STATE, ZIP CODE **730 SOUTH OSPREY AVENUE SARASOTA, FL 34236**	

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

On , there were no initials or explanation given for Resident #13's 5:00 p.m. dose of .

On , there were no initials or explanation given for Resident #13's 8:00 a.m. dose of , , , Pradaxa, or D.

2. In an interview with the Executive Director on at 4:20 p.m. she stated, "We're going to start auditing the records every day. That's the only way to catch it."

Class III

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to provide an Annual Freedom from Statement for 1 (Staff P) of 5 staff files reviewed.

The findings included:

1. On , a review of 5 staff personnel files revealed there was no Annual Freedom from statement in Staff P's employee file.

2. In an interview on at 4:05 p.m., the Business Office Manager said, "She let it expire. We're giving her one right now."

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11942812 V1	A. Building B. Wing V2	V3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON BAY VIBRANT RET LIVING 449	730 SOUTH OSPREY AVENUE SARASOTA, FL 34236

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0030	Correction	ID Prefix A0079	Correction	ID Prefix A0081	Correction
Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.019(3) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0086	Correction	ID Prefix A0152	Correction	ID Prefix A0165	Correction
Reg. # 58A-5.0191(9) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☑	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
	CW	8-23-16	Robin Hermanz, RLS	8-23-16
REVIEWED BY CMS RO ☐	**REVIEWED BY (INITIALS)**	**DATE**	**TITLE**	**DATE**

FOLLOWUP TO SURVEY COMPLETED ON
6/9/2016

☐ 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
Horizon Bay Vibrant Ret Living 449
730 South Osprey Avenue
Sarasota, FL 34236

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative 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 , 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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

BBT7

Fort Myers Field Office
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Fort Myers, FL 33901
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