STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932584	09/29/2016
NAME OF PROVIDER OR SUPPLIER **HORIZON CLUB (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1216 SOUTH MILITARY TRAIL** **DEERFIELD BEACH, FL 33442**	

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

0000 Initial Comments

An unannounced standard relicensure survey was conducted on and at Horizon Club (The), License #5422. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, it was determined the facility failed to honor each resident's right to privacy for 1 of 5 sampled residents observed during the provision of assistance with medications (Resident #13).

The Findings included:

During observation of Staff A providing assistance with the self-administration medications, conducted on beginning at approximately 9:20 AM, Staff A placed the entire open MOR (Medication Observation Record) binder, opened to Resident #13's individual MOR, on a small table. There were 3 residents, including Resident #13, that were seated at this table. Resident #13's list of medications was visible to the other 2 residents seated at this table. During subsequent interview conducted with Staff A, on beginning at approximately 9:32 AM, she was asked why she placed PHI (Protected Health Information) on the table in front of 2 other residents. She stated she was verifying the MOR to the medication labels at that time and did not think about it being PHI.

During review of the Resident Bill of Rights, that is posted in the Atrium area of the facility, the right to be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy was reviewed with the Resident Services Director on beginning at approximately 11:25 AM. She was asked if leaving an uncovered MOR in full view of other residents is an acceptable practice as it related to protecting each individual residents right to privacy of their PHI. She replied that it was not an acceptable practice.

Review of the Notice of Privacy Practices posting (updated 2014) located in the Atrium area of the facility, on at approximately 11:40 AM, indicated "We follow strict federal and state guidelines to maintain the confidentiality of your personal protected health information. This includes any information about your past, present or future health care, or payment for care that could be used to identify you".

Class III

0052 Medication - Assistance with Self-Admin

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932584	**09/29/2016**
NAME OF PROVIDER OR SUPPLIER **HORIZON CLUB (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1216 SOUTH MILITARY TRAIL DEERFIELD BEACH, FL 33442**	

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

Based on observation and interview, it was determined the facility failed to follow appropriate protocols related to the provision of assistance with the self-administration of a nasal spray for 1 of 5 sampled residents (Resident #11).

The Findings included:

During observation of Staff A providing assistance with the self-administration of a nasal spray for Resident #11, on beginning at approximately 8:35 AM, Staff A did not ask Resident #11 to blow her nose (in order to clear nasal passages) nor did she have this resident occlude the opposite nostril when the nasal spray was inhaled. This staff member was questioned if this observation was her normal practice of providing assistance with the self-administration of nasal spray. She confirmed that it was her normal practice.

Review of Resident #11's Medication Observation Record (MOR) for 2016 revealed the following order; Nasal Spray 200 units- 1 spray in 1 nostril qd (once a day) alternate nostril. Staff R , at this time confirmed this was the medication Resident #11 was assisted with during this observation.

During subsequent interview conducted with Staff R (Licensed Practical Nurse), conducted on beginning at approximately 8:40 AM in the presence of Staff A, Staff R was asked to describe the correct procedure for providing assistance with the self-administration of a nasal spray. Staff R stated the resident is to blow their nose prior to providing the nasal spray and the opposite nostril is to be occluded when the resident is inhaling the nasal spray.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
The Horizon Club
1216 South Military Trail
Deerfield Beach, FL 33442

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com