

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965994	(X3) DATE SURVEY COMPLETED 01/25/2017
NAME OF PROVIDER OR SUPPLIER NEW HORIZON NORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 8112 NW 74TH TERRACE TAMARAC, FL 33321	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on _____ at New Horizon North License# 10263. There were deficiencies found at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and interview, the facility failed to ensure that a resident's Medication Observation Record (MOR) was accurate and complete, for 1 out of 5 sampled residents (Resident#1) observed during the medication pass.

The Findings included:

a) On _____ at 9:20AM, a medication pass was observed with Staff A. Resident#1's Medicine On Time Dispenser pack contained: _____ 81mg, _____ 75mg, _____ 20mg, _____ 25mg, Quetiapime 50mg, _____. All medications were listed on the hand written MOR except: _____ 50mg.

b) The Medicine on Time Dispenser has the medication time as 9:00AM. The time listed on the hand written MOR is 8:00AM.

The findings were discussed with Staff A (Administrator) at this time. She stated the medication not being listed on the MOR, and the time not matching the Medication On Time Dispenser was an oversight. She acknowledged the findings and provided no further information for review.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview, the facility failed to follow the proper procedure for providing assistance with self-administration of medication, for 1 of 5 sampled residents observed during the medication pass (Resident#1).

The findings included:

On _____ at 9:20 AM, medication pass was observed with unlicensed staff (Staff A), assisting Resident#1 with self-administration. The observation revealed, Staff A sanitize hands, identified

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medications using the Medication Observation Log, obtained the medications, stated the names of the medication to the the resident, and signed the MOR prior to assisting Resident#1 with self-administration of medication. An interview with Staff A (Administrator) was conducted on _____ at approximately 3:00PM. The findings were discussed and she acknowledged the findings. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on record review and interview, it was determined the facility failed to ensure that each staff member received a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable _____, for 1 of 4 sampled staff records Staff (C). The findings included: On _____ at 1:00PM, a record review was conducted for Staff C. Staff C's hire date was _____. Staff C's last communicable _____ statement was dated _____, 2015. There was no communicable _____ statement for 2016. An interview was conducted with the Administrator at this time and she acknowledged the finding. She provided no further information fro review. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview, the facility failed to ensure that 1 of 4 sampled unlicensed staff members (Staff C) who provides assistance with self-administration of medication, had successfully completed a minimum of 2 hours in continuing education training annually on providing assistance with self-administration of medications and safe medication practices in the Assistant Living Facility.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/14/2017
FORM APPROVED

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The findings included: On at 1:15PM, the personnel file for Staff C was reviewed for documentation training in "providing assistance with self-administration of medications and safe medication practices in an ALF". There was no documentation of the annual 2 hour continuing education present in the file for unlicensed staff (Staff C) who provides assistance with self-administration of medication. The last documented training was the 4 hour initial training dated . An interview was conducted at this time with the Administrator. The Administrator confirmed that Staff C provides assistance with self-administration of medication for the residents. A review of the facility's MORs revealed Staff C provides assistance with self-administration of medications to the residents. The Administrator acknowledged the findings and did not provide and further information fro review. Class III		