STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	04/25/2017
NAME OF PROVIDER OR SUPPLIER **HORIZON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1490 NW 21ST STREET** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced relicensure survey in conjunction with a complaint survey CCR # 2017001026 was conducted from - at Horizon ALF, License #8595. The facility had deficiencies at the time of the visit.

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on record review and interview, it was determined the facility failed to ensure the facility's Manager had completed the core training and obtained a passing score on the competency exam within 3 months of acting as Manager.

The Findings Included:

On at 12:50 PM, Staff B's employee record was reviewed. Staff B was hired on . There is no documentation as to when Staff B became active as facility manager. Further review revealed as of , Staff B has no documentation of completing the Core Training or passing the competency exam.

On at approximately 10:30 AM, the Administrator stated that Staff B is the active facility Manager and has been for a while. He did not state exactly how long Staff B has been acting as Manager. The Administrator acknowledge that Staff B is not Core trained.

During an interview with Staff B on at approximately 11:30 AM, Staff B confirmed he has been the Facility's Manager for the past two years.

During an interview with the Administrator at this time, the Administrator acknowledged the findings and provided no additional information for review.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, it was determined that the facility failed to ensure that all existing mechanical, electrical and structural systems were maintained in good working order, the environment was safe , hazard free and that all were equipped with a dresser or chest for the storage of clothing or personal effects.

The findings included:

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During the environment tour conducted on . . . . . at 11:00 AM, accompanied with the facility Manager the following were noted:

A) Building 1490
1) . . . # - a drawer front was missing on dresser.
2) There was a broken window in the front dining and the entry door to the dining . . worn and scratched, in need of paint.

B) Building 1480
1) The entry door to the building was heavily scratched and in need of painting.
2) . . . # the ceiling fan was missing a blade and the dresser was missing a drawer.
3) The front common area had a television, but had no seating available for residents.
4) The backyard was littered with various items, such as mattresses, a toilet, tables in disrepair and trash.
5) . . . # had a torn mattress.
6) The second common area was being used as a storage area, with bed frames against the wall, boxes and tables. The furniture in this area was heavily soiled.

C) Building 1481
1) . . . # was missing.
2) . . . # ceiling fan was missing blades
3) . . . # there was missing a chest for clothing and personal effects storage.
4) The bench in the yard had jagged edges.

D) Building 1491
1) Bi-fold door in hallway by laden with dirt. Ceiling vent was in disrepair.
2) . . . # was missing a chest for clothing and personal effects storage.
3) . . . # the ceiling fan was missing a blade.
4) Entry door does not fit jam properly and has a large gap, revealing outside light.
5) . . . # door does not fit jam properly and has a large gap, revealing outside light.
6) . . . # door does not fit jam properly and has a large gap, revealing outside light.
7) . . . # was missing a chest for clothing and personal effects storage

In addition, door does not fit jam properly and has a large gap and a crack in the door, revealing outside light.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview conducted on at 11:30 AM after the tour, with the manager he stated that he has been the manager for 2 years, acknowledged the findings and stated he will work on the issues right away.

Photographic evidence was obtained.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, it was determined the facility failed to conduct two Elope Drills for 2016.

The Findings Included:

On at approximately 1:00 PM, the facilities Elopement Drill Log was reviewed. It revealed that from 2016, there was one Elopement Drill conducted at the facility. The Administrator was given an opportunity to retrieve an additional Elopement Drill and he was not able to provide any additional documentation.

A review of the facilities Elopement Drill Policy and Procedures states:

1) The Administrator or designee will conduct an unannounced missing resident drill on each shift twice annually.
2) The Administrator or designee will complete the Elopement / Missing Person Drill Form and evaluate at the time of the drill. The entire staff will be briefed and when applicable an in-service will be conducted as needed.
3) The Administrator will maintain these drill forms in a binder in the Administrators Office.

During an interview with the Administrator at this time, he acknowledged the findings and provided no additional information for review.

Class III