STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 446**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2017, an abbreviated biennial re-licensure survey was conducted at Brookdale Lutz, formerly Horizon Bay Vibrant Ret Living 446. Deficient practice was identified during the survey.

(License # 9734)

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and record review, the facility failed to provide proof of in-service training, within 30 days of employment, for staff that provided direct care to residents for one (Staff A) of four employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A was hired on 11/ . Staff A's record revealed a lack of training certificates in the subjects of reporting major and adverse incidents (Incident Reporting) and facility emergency procedures (Emergency Procedures). A review of the direct care staffing schedule for the weeks of - showed Staff A's name present.

The Business Office Manager was interviewed at 5:00 PM on concerning the lack of proof of training in Staff A's record concerning Incident Reporting and Emergency Procedures. The Business Office Manager reviewed records for Staff A and stated that they did not have the training certificates.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to provide proof of successful completion of an initial four hours of training for unlicensed personnel that provide assistance with self-administered medication (Medication Assistance Training) for one (Staff A) of four employee records reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965351	**05/04/2017**
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 446**	STREET ADDRESS, CITY, STATE, ZIP CODE **414 CHAPMAN ROAD EAST** **LUTZ, FL 33549**	

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

Findings included:

A review of employee records conducted on showed that Staff A was hired on 11/ . A review of Staff A's record showed no proof of Medication Assistance Training.

An interview was conducted with Staff A on at 11:58 AM via phone and Staff A stated that they provided assistance with self-administration of medications to the facility's residents.

The Business Office Manager was interviewed at 4:48 PM on concerning the lack of proof of Medication Assistance Training in Staff A's record. The Business Office Manager stated that the Medication Assistance Training certificate was not in Staff A's file.

Class III