STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910625	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON SENIOR CITIZEN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1745 FOREST DRIVE** **INVERNESS, FL 34453**	

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

0000 - Initial Comments

An unannounced Biennial licensure survey with Extended Congregate Care (ECC) was conducted on at New Horizon Senior Citizen Retirement Home (facility license number 5778). Deficient practice was identified at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review, the assisted living facility failed to ensure that 1 of 3 sampled employees (Staff B) obtained documentation that the employee is free from communicable .

Findings:

On a record review of Staff B's personnel file revealed he was employed on . Further review of Staff B's personnel file revealed no evidence of a free from communicable statement.

On at 2:15 pm, an interview was conducted with the Administrator, who confirmed that the freedom from communicable statement was not in Staff # B's file.

CLASS III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview, the facility failed to post or have easily available the current weekly-planned menu for 46 of 46 residents.

Findings:

During the initial tour of the facility on Wednesday, , beginning at 9:12 AM, the weekly planned menu was not observed posted in the facility. In the dining dry erase board listed the menu items for that day, but no weekly planned menu was observed.

During an interview with the Dietary Manager on at 9:53 AM, she confirmed that the weekly planned menu was not posted. The Dietary Manager stated that residents take the menu off the wall, therefore, the facility now writes the daily menu on a dry-erase board instead.

Class III

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