

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969038	(X3) DATE SURVEY COMPLETED 10/09/2017
NAME OF PROVIDER OR SUPPLIER NUEVO HORIZONTE ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 8111 N OLA AVE TAMPA, FL 33604	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) licensure survey was conducted on _____, at San Jose ALF Inc., formerly Nuevo Horizonte Assisted Living Facility Inc., an assisted living facility, in Tampa, Florida. There were deficiencies identified at the time of visit.

(License # 12874)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that each resident received a face-to-face medical examination by a healthcare provider either 60 days prior to or 30 days after the resident's admission to the facility for one (Resident #1) of 2 residents selected for record review.

Findings included:

On _____, a review of Resident #1's medical chart revealed an admission date of _____. Record review revealed that Resident #1's chart contained a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) that was completed on _____. No earlier assessment was located in Resident #1's records.

During interview with the Administrator conducted on _____ at 04:10 p.m., confirmed that he was unable to locate the AHCA Form 1823 for Resident #1 during admission. Administrator stated that he will contact Resident #1's health care provider for their admission assessment.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S.

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specifically, unlicensed staff (B) administered three puffs of inhaler instead of the prescribed two puffs, and did not inform residents of medications provided for one (#2) of three residents observed. Findings included: During an observation of assistance with self-administration of medication with the Staff B, conducted on at 12:08 p.m., Staff B did not inform Resident #2 of medication provided which included of two capsules, two tablets, two eye drops and one inhaler. Staff B was observed administering the inhaler by bringing the inhaler to Resident #2's mouth and squeezing the inhaler to provide three puffs. Staff B acknowledged that she gave the resident three puffs, and confirmed that resident's hands did not make contact with the inhaler. During interview with Staff B, on at 12:20 p.m., she confirmed that she did not inform Resident #2 of the medications provided, and confirmed that she gave Resident #2 three puffs instead of two as indicated on the medication label, Medication Observation Record, and Physician orders. Administrator was present during interview. Record review revealed that Resident #2 was to inhale two puffs by mouth via hand inhaler three times a day. Class III		