STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967613	R **12/07/2017**
NAME OF PROVIDER OR SUPPLIER **HORIZON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **119 W SUWANNEE LANE** **COCOA BEACH, FL 32931**	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on . Horizon House, License# 11605, had a deficiency found at the time of the visit.

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

DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview, the facility failed to ensure a health assessment had all the required information for 1 of 2 sampled residents (#4).

Findings:

Resident #4's electronic record review revealed the current health assessment (AHCA Form 1823) dated .

The health assessment did not address the following:
1. Any special diet required by the resident,
3. Whether the resident required any assistance with the administration of medications,
4. Whether the resident had a communicable , which could be transmitted to other residents or staff,
5. Whether the resident was bedridden,
6. Whether the resident had any , 3, or 4 pressure sores,
7. Whether the resident posed a danger to self or others,
8. Whether the resident required 24-hour nursing or care,
9. A statement on the day of the examination that, in the opinion of the examining health care provider, the resident's needs can be met in an assisted living facility, and
10. The resident's ability to perform self-care tasks.
11. What type of general oversight the resident needed.

On at 3:50 p.m., an exit conference was conducted with the owner via a telephone call. She acknowledged the above findings.

Class III