STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966234	03/15/2018
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON OF TAMARAC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7106 NW 84TH STREET** **TAMARAC, FL 33321**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at New Horizons of Tamarac, License # 10474. The facility had deficiencies at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview and record review, the facility failed to provide an ongoing group activities program to meet the residents needs or interests in the facility for 6 of 6 residents and 1 respite resident observed (Residents # 1 - # 6, 1 respite resident).

The findings included:

On at 09:30 AM, the Surveyor arrived at the facility and found 6 of the facility Residents seated in the TV a game show. The Residents were seated side-by-side in recliners affront of a large wall mounted Television. They sat there until 3 Residents left to attend a day program. One respite resident remained asleep until 12:00 PM. The remaining 3 Residents sat in their chairs in front of the TV the entire time.

On at 10:00 AM, a tour of the facility was conducted. An activity calendar was not posted.

On at 10:05 AM, an interview was conducted with Resident #2. He stated that he does not attend a day program. He stated he is not happy with the lack of activities in the facility. Based on the cognition level of the other residents in the facility it was difficult to determine their preferences.

During this period, there was on Staff member present. Staff A was observed cleaning the kitchen from the previous breakfast. He proceeded to prepare the lunch meal. Also, during this time, he was observed escorting 2 male residents to the . He returned and continued to prepare the lunch meal. At 12:00 PM, Staff A set-up for Lunch. Then, he assisted with seating and feeding the remaining 4 male residents left in the facility. At 1:00 PM, Staff A assisted the residents back to their lounge chairs in the TV . He then had to commence to clean the kitchen and put away the food items. Staff A was observed assisting the 4 male residents to the lunch. At 2:00 PM, Staff A was seen meeting the day-program residents at the bus to assist them with entering the facility. At this time, he was required to provide all of the residents with their afternoon snack,

At approximately 2:30 PM until 4:00 PM when the Surveyors departed the facility, the 6 residents were sitting in their lounge recliners in the TV across the -by-side watching TV.

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On [redacted] at 03:45 PM, an interview was conducted with the Administrator of the facility. She was advised that there was an absence of activities in the facility. She acknowledged the findings.

Class III

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

Based on observation and a staff interview, the facility failed to ensure unlicensed staff providing assistance with self-administered medications do so in accordance with procedures described in Section 429.256 of the Florida Statutes, for 1 out of 2 sampled residents observed during medication pass (Resident #6).

The findings included:

On [redacted], beginning at 12:34 PM, Staff A (unlicensed staff) was observed assisting Resident #6 with medications.
Staff A reviewed the MOR for Resident #6 with no gloves on and did not wash hands; Staff proceeded to open the medication package and placed medication in a plastic cup. Staff A announced Resident #6 name. Staff A did not announce the name of the medication. Staff A handed the medication to resident # 6. Resident # 6 put the medication in his hand. Staff A watched resident # 6 take medication and swallow. Staff A signed the MOR book and locked the MOR medication storage cabinet.

On [redacted] at 3:30 PM, an interview was conducted with the Administrator who confirmed Staff A did not follow the proper procedure as it relates to providing assistance with self-administered medications.

Class III

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

Based on employee record review and staff interview, the facility failed to ensure 1 of 3 sampled direct care staff (Staff B) received the required in-service trainings within 30 days of hire.

The Findings Include:

On [redacted], during employee record review for Staff B (hired date [redacted]), there was no documentation contained within the employee file, or provided by administration, showing completion of the following

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SUMMARY STATEMENT OF DEFICIENCIES
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regulatory required in-service trainings completed within 30 days of employment:

a) Recognizing and Reporting Resident , Neglect, and/or ,
b) Nutrition and Safe Food Handling

During interview conducted with Administrator on at 3:30 PM, she acknowledged the absence of documentation for employee confirming completion of these required staff trainings.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure that the annual Comprehensive Emergency Management Plan (CEMP) application was filed at least 60 days in advance of the expiration date, as required.

The findings included:

On at 10:03 AM, a side-by-side review of the facility inspection documents was conducted with the Administrator. The review of the documents revealed that the expiration date for the annual Comprehensive Emergency Management Plan, issued by the County Agency, was .

On at 3:30 PM, an interview was conducted with the facility Administrator. At this time she stated she had not applied for the CEMP, but it was done for her other facility not for this one. It was determined that the facility had not applied for the CEMP approval within 60-days of the expiration date. At this time, the Administrator acknowledged the findings.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and an interview, the facility failed to ensure that 1 out of 3 sampled staff (Administrator) who provided personal care services for residents was not in compliance with the Level II criminal background screening requirement.

The Findings Include:

The personnel file for Administrator was reviewed for documentation of compliance with the Level II

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criminal background screening requirement. There was no documentation of this screening on file. There was no record of a completed screening on the Agency's background screening website.

During interview conducted with Administrator on . . . . at 3:30 PM, she acknowledged the absence of documentation for the completion of the Level II criminal background screening requirement.

Unclassified