STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965844	R 05/01/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRESH HORIZON'S ASSISTED LIVING FACILITY	**4836 35TH AVENUE** **VERO BEACH, FL 32967**

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

0000 - Initial Comments

An unannounced revisit to the complaint survey, CCR #2017015452, was conducted on . . . . . at Fresh Horizon's Assisted Living Facility, License # 10323. The facility had uncorrected deficiencies at the time of the visit.

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

Based on interview and record review it was determined the facility failed to ensure that each resident had a current completed health assessment on file for 2 of 2 sampled residents (Resident #2 and Resident #4).

The findings include:

During interview review of the following resident's health assessments conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate the noted missing documentation:

1) Resident #2: the health assessment dated . . . . did not include page 3 (which indicates: the ability to conduct self care activities and the level of daily oversight required); also, page 2 did not indicate if this resident's needs can be met in an assisted living facility.

2) Resident #4: the health assessment dated . . . . . did not include page 2 (which indicates: level of assistance needed with activities of daily living; what diet this resident is to receive; communicable . . . . . status; bedridden status; , ... status; if they pose a danger to self or others; and if they require 24 hour , , care). The physician's determination of whether or not this resident's needs can be met in an assisted living facility. Height and Weight were also not documented on this health assessment.

The Administrator searched Resident #2 & Resident #4' records for the missing documentation. She acknowledged she was not able to locate the above noted documentation at the time of this review.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on interview and record review it was determined the facility failed to have evidence that a written

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statement of the facility's house rules and procedures related to Resident Elopement and Reporting , Neglect and , was included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. for 2 of 2 sampled residents (Resident #2 and Resident #4).

The findings include:

During interview and record review conducted with the Administrator, on beginning at approximately 11:00 AM, she was provided the opportunity to locate documentation/evidence that Resident #2 and Resident #4 had been provided with a written statement of the facility's house rules and procedures related to Resident Elopement and Reporting , Neglect and , . The Administrator stated she thought the Acknowledgement form that is signed by the resident or their representative noted receipt of this information. Resident #2 had an acknowledgement form signed and dated on . Resident #4 had an acknowledgment form signed and dated on . The Administrator acknowledged, after review of these updated Acknowledgement forms, that they did not note receipt of the required documentation.

Class III