STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967414	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **NEW HORIZON ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **30110 SW 145 CT** **HOMESTEAD, FL 33033**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on , 11th, 2018. New Horizon Assisted Living Inc. with limited mental health component, license number 11466, had the following deficiencies identified at the time of the survey:

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to have a staff member with First Aid and , , ( ) in the facility at all times from an approved trainer.

Findings included:

On at 7:10 AM, Staff B was in the facility taking care of five residents. At 7:28 AM Staff C and D joined Staff B at the facility.

Review of the Administrator, Staff B and C's personnel record revealed that they completed the First Aid and training online on .

Review of Staff D's personnel record revealed that there was no evidence of First Aid and training completed.

On at 10:44 AM the Administrator stated, "We are going to take the class now."

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that unlicensed staff complete an additional 2 hours of assistance with the self-administration of medication and medication management for four (Administrator, Staff B, C and D) out of four sampled staff after the rule update.

Findings included:

On at 9:08 AM, the Administrator revealed that none of staff have the 2 extra new hours of medication training.

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

Review of Administrator's personnel record showed a hire date of . . . . . The 4 hours medication training was on . The last 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices was on . . . . . .

Review of Staff B's personnel record showed a hire date of . . . . . The 4 hours medication training was on . The last 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices was on . . . . . .

Review of Staff C's personnel record showed a hire date of . . . . . The 4 hours medication training was on . The last 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices was on . . . . . .

Review of Staff D's personnel record showed a hire date of . . . . . The 4 hours medication training was on . There was no evidence of continuing education training on providing assistance with self-administered medications and safe medication practices.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that staff a minimum of 3 hours of Limited Mental Health (LMH) continuing education biennially for one (Administrator) out of four sampled staff.

Findings included:

Review of Administrator's personnel record showed the last 3 hours LMH training was on . The was no evidence of a current 3 hours of LMH training.

On . . . . at 12:03 PM, the Administrator revealed that have the training in another facility.

Class III