STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965994	11/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HORIZON NORTH	**8112 NW 74TH TERRACE TAMARAC, FL 33321**

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure survey was conducted on , at New Horizon North(License #10263). The facility had deficiencies identified at the time of the survey.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to ensure that all staff assist residents with self-administered medications in accordance with proper state regulatory procedures, for 1 out of 6 sampled residents reviewed for medications (Resident #4).

The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Unlicensed Staff (Staff C) on the following was observed:

Staff C donned with gloves, took the medication out of the medication cart, took the pill from the medication package after reading the label. Staff C then put the pill in the medication cup, took it to the resident, explained to the resident what they were getting, took the pill out of the cup and feed it to Resident #4 with a spoon. Staff C proceeded, at this time, assisted the resident with the beverage to swallow the pill, then signed the Medication Observation Record (MOR).

While observing Staff C during aformentioned process, it was noted that she administered the medication to Resident #4 without reviewing the MOR to determine that the right medication was given, at the right time, right route, or right dosage amount.

Review of the most current Health Assessment (AHCA 1823 form) for Resident #4 on dated for revealed that the resident requires assistance with self-administration of medications and that the resident requires assistance with all of her Activities of Daily Living (ADL's).

During an interview with the Administrator on 11/29/18 at 12:20 PM, it was stated that Staff C was just nervous and he usually gives medications correctly. It was further stated that for Resident #4 the staff usually gives over assistance and put the medication in Resident #4's . It was stated that after, they would guide the resident's to her and that's how she takes her medications. The findings were reviewed, acknowledged, and discussed with the Administrator. No further information was provided for review during this time.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

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

Based on observation, record review and interview, the facility failed to ensure that all staff who provide direct care to residents received all of the required 1-hour in-service trainings within 30 days of employment, 2 out 2 sampled records reviewed.

The findings included:

a) Employee Record review on of the file for Unlicensed Staff (Staff A) hire date , revealed that the required 1 hour in-service training in Recognizing and Reporting , Neglect was not observed in the file.

b) Review of Staff B hired on revealed no documentation for control training.

During an interview with the Administrator on 11/29/2018 and 3:00 PM the findings were discussed and acknowledged regarding the missing trainings. The Administrator was given the opportunity to locate the documentation, no additional documents were provided for review.

Class III

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

Based on observation, interview and record review, the facility failed to have a Comprehensive Emergency Management Plan (CEMP) approved by the local emergency management agency.

The findings included:

Upon request of documentation from the local Emergency Management Division of an approved CEMP for the year 2018 through 2019 on from the Administrator, no current documentation was provided. Review of the most recent CEMP approval letter dated for revealed that the CEMP

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

was valid and approved up until .

During an interview with the Administrator and the Assistant on 11/29/2018 at 11:00 AM, it was stated that the CEMP in the file expired in of 2018 and that there is a more current CEMP approval letter in the file. The Assistant stated that I will find it. The documentation was never provided.

The CEMP approval letter was requested for a third time at 12:10 PM on . The Assistant stated that he is sorry, that he should have written it down.

During the Exit conducted at 3:30 PM on , the most recent CEMP approval letter was never provided. During this time, both staff acknowledged the findings and was given the opportunity to locate the documentation. No additional documents were provided for review.

Class III

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