STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	03/06/2019
NAME OF PROVIDER OR SUPPLIER **HORIZON ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1490 NW 21ST STREET** **FORT LAUDERDALE, FL 33311**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on through at Horizon ALF, License #8595. The facility had deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to ensure that all residents had an Agency for Health Care Administration Resident Health Assessment (AHCA form 1823) that was reflective of the residents care needs for 1 of 2 sampled residents (Resident #16).

The findings included:

Review of the file for Resident #16 revealed Hospital discharge instructions dated for that revealed that Resident #16 has to medications , and Halidol. Review of the 1823 form dated revealed that the medications is not listed under the section labeled . Further review of the file for Resident #16 revealed that the resident is also receiving services from "Confidential Home Health Agency" for which was also not observed documented on the residents 1823 form.

During an interview with the Administrator on at 11:54 AM the findings were discussed and acknowledged. No further information was provided for review.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, interview, and record review, it was determined the facility failed to have a written grievance procedure for receiving and responding to resident complaints.

The findings included:

Upon request to review the facility's grievances and resolutions on , no documentation was able to be produced or provided.

During an interview with the Administrator at 12:59 PM on , it was stated that we don't have a

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grievance log but we have a suggestions box that we check once a month maybe, and that my door is always open so if they have a problem they come talk to us. It was further stated that we do not write down our complaints and that right now there are no suggestions in the suggestions box. The Grievance policy was requested for review.

Review of the policy labeled "Resolution of Complaints/Grievances" observed in the residents states the following:

A. Investigation
1. A prompt investigation will be instituted into the suggestion/complaint.
2. A log will be kept of the suggestion/complaint,
B. Resolution of the issues
1. The staff will follow up on all issues or suggestions made, notifying the resident(s) of the progress/resolution.

During an additional interview with the Administrator on . . . . . at 3:00 PM concerns were discussed and acknowledged that the facility is not following the grievance policy and procedures on documenting and following up with resident complaints. The Administrator acknowledged the findings, no further information during this time was provided for review.

Class III

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 6 out of 8 sampled residents reviewed for medications (Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, and Resident #11).

The findings included:

While observing a medication pass between the times of 11:45 AM-1:00 PM with Staff A on , the following was observed:

Staff A took the medication out of the medication cart, took the pill from the medication package after

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reading the label, put the pill in the medication cup, gave the it to the resident, observed Resident #6 take the medications, then signed the Medication Observation Record (MOR) as given.

Staff A did not review the MOR or tell Resident #6 the name of the medication that was given. Staff A followed the same process for Residents #7 through Resident #10 observed for medication observation on .

During an interview with the Administrator on at 2:00 PM, the findings were discussed and acknowledged regarding the assistance with self-administration of medication process. No additional information was provided for review.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review it was revealed the facility fail to honor a therapeutic diet for 2 of 2 sampled residents that reside in the facility.

The findings included:

Observations revealed a listed posted in the kitchen with two resident names who required a diet. On , lunch observations revealed the residents were served 4 oz chicken soup, 1 grilled cheese sandwich, coleslaw and chocolate pudding. Resident who had were observed with fruit in syrup. Further observation of the kitchen pantry revealed several cans of fruit cocktail in light syrup however, the sugar content contained 21 mg of sugar and 12 mg of added sugar. There was no other sugar free food items or sugar free juices in the kitchen for the residents.

An interview was conducted with Staff D on at 2:06 PM, who stated he is in charge of ordering all of the food fro the facility. Staff D further explained he ordered the fruit cocktail in light syrup instead of heavy syrup, assuming that was the better option. Staff D confirmed at this time there were no other sugar free items in the pantry or the kitchen.

An interview was conducted with the chef on at 2:08 PM stating she was aware of the two residents that required a sugar free diet. She stated she gave the resident who required sugar free food fruit instead of the chocolate pudding that was served. The staff member stated she used what she had

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and thought the fruit was a better option for them than the cake.

Record review of the facility dietician recommendation for dietary snacks revealed facility must order sugar free jello, sugar free cookies, sugar free cake and sugar free ice cream all of which the facility did not have.
Record review revealed Resident #16 AHCA 1823 Health Assessment form dated revealed a diagnosis of type II and a diet requirement stating a diet. Record review also revealed Resident #16 was receiving from a home health agency beginning on due to be diagnosed with uncontrolled .

Further record review revealed Resident #13 1823 Health Assessment form dated revealed a diagnosis of type II . Record review also revealed Resident #13 physician wrote special orders for the resident to be served a low sugar and low diet.

An interview was conducted with the Administartor on inwhich he acknowldge the findings and provided no additional information.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on record review and interview the facility failed to provide a clean and decent living environment for 5 out of 5 sample resdients.

The findings included:

Building 1481

A. The common area was being used a storage, this prevented resdients from sitting down in the common area of the apartment.

B. The front door was falling of the hinges which caused difficulty getting the door to open and close. The screws to hold the metal plate attached to the door was observed to be loose.

C. # had no blinds at the window for privacy

Building 1491

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A. The front door for the apartment was in derepair at the bottom and caused a saftety hazard for residents due to the metal peeling off the door and sticking out onwards. From the inside of the apartment was a 3 inch gap of space that pest could potentially enter into the apartments. The door also contained no door sweeper to prevent any pest from going inside of the unit.

Class III