Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965370	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON BAY VIBRANT RET LIVING 443	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments conducted Assisted Living Facility biennial re-licensure survey. There were deficiencies found at the time of the visit.	A 000		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 1	A 056		

who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:

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A 056	Continued From page 2 1. Practitioner ' s name; 2. Resident ' s name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to make every reasonable effort to ensure that a for pain relief for 1 of 15 sampled residents (#1), who received assistance with self-administration of medications was refilled in a timely manner. Findings: Interview with resident #1, who was alert and oriented on at approximately 10:10 AM who stated, "I ran out of , I went into withdrawal. I was without my medications for a day. The prescription had run out, they needed a new prescription and they had not figured that out. The nurse went to the physician to get the prescription and went and filled it at the pharmacy. I got very I could not get warm, I got shaky, irritable, and nervous. As soon as the physician was available she went and got the prescription filled. The facility had no pain medication that they could give me. The pain was pretty bad in my legs, it was pretty severe. There was no back up medication, I have spinal . This happened about a week ago." He further stated he asked for another medication. He had for pain) but it did not	A 056		

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A 056	Continued From page 3 work very well. He did not want to go to the hospital. The staff told me the medication was on the way and would be here about midnight., then they said it would be here in the morning. The nurse went out and got it at 12 noon. Resident record review revealed an Assisted Living Facility Health Assessment Form (1823) dated . . . . that stated diagnoses of . . . spinal . . . , uric . . . nephrolithiasis, unspecified kidney injury, . . . of limb and . . . upper end of the . . . . . The resident received assistance with self-administration of medications. Review of facility notes revealed no documentation to review regarding that the resident out of . . . on . . . or of attempts made to contact the physician to refill the medication. Review of physician order dated . . . . . stated . . . . . for pain) 30 milligrams (mg) twice a day. Review of MOR revealed on . . . . . ER . . . . . for pain) 30 mg 1 twice a day for pain management out at 10 PM and the nurse was notified, drug not given. . . . . for pain) 5-325 mg one every 4 hours as needed for pain was charted as given at 21:00, checked 22:00 ineffective. Interview with the Nurse #1, the Wellness Director at on . . . . . at 1:30 PM, who stated the resident ran out of medications and we did have a hard copy. He ran out at night, in the morning the nurse went to the physician's office, got the hard copy and filled it at the pharmacy. He missed one dose. The physician was out of town that week and I was out that week. Interview with Nurse #2 on . . . . . at 2 PM who stated, #1 ran out of his medication. The	A 056		

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A 056	Continued From page 4 physician was on vacation, we usually get the prescription for his ..... in time to get the medications. It is a 2 day process. I worked 7-3 PM the morning after he missed the medication. We usually start 7-8 days prior to the medication running out. We knew the physician was going on vacation and we did not get the new prescription. I came in at 7 AM, I went to the physician's office, when it opened at 9 AM, went to local pharmacy and got it filled. He got his dose about 10 or 10:30 AM. He was telling me he was going through withdrawal, he was ... and wasn't able to eat. She encouraged him to eat and try to relax. He stated his stomach was upset and he could not eat. We knew about 1 week before, the physician was going on vacation. The Executive Director came to me and explained the situation, and I told him what I was going to do. The lead med tech on the day shift was responsible for reordering medications. On the 3-11 pm shift, the nurse was responsible for ordering the medications. I check the cart once a week and I am checking the ..... and ordering about a week out now. She continued, the resident was doing fine, he was more ..... than anything, he was upset that he didn't have his pain medication. He denied any pain. Review of new physician's order dated .... 30 mg Extended Release twice a day give 60. Interview with the administrator on ..... at approximately 3 PM who was aware the resident ran out of pain medication. Class II	A 056		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based	A 078		

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A 078	Continued From page 5 on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including ..... Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ..... he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or	A 078		

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A 078	Continued From page 6 more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse conducted Glucose for 3 of 15 sampled residents (#3, #4 & #5) and failed to ensure 1 of 3 sampled staff (Staff C) had documentation of freedom from signs or symptoms of communicable Findings: 1. During staff interviews on at approximately 11 AM, it was revealed that the unlicensed staff was conducting Glucose testing for Resident #5. Review of the facility's computerized Medication Observations Records (MORs) for 2013 and 2013 revealed that the unlicensed staff had initialed the MOR as providing the Glucose testing and giving the on several days. The Director of Nursing stated on at approximately 1 PM that the unlicensed staff were not conducting the Glucose testing and giving the She stated that the resident would conduct the Glucose test and give himself the She stated that the staff would initial the MOR to indicate that he did take the and checked his sugar. During an interview with Resident #5 at approximately 2 PM who stated that the staff	A 078		

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A 078	Continued From page 7 would take his sugar for him sometimes and he would inject his 2. Personnel record review for Staff A hired and Staff C hired revealed that there was no documentation to confirm that they were free from signs or symptoms of communicable The Business Office Manager stated on at approximately 1 PM, that she could not find documentation to confirm that the staff were free from signs or symptoms of a communicable 3. Observation on during the general tour the facility license was observed hanging on the wall in the entrance way. The facility has a Standard ALF license with no specialty. Interview conducted on at 11:40 AM with resident #3 who was observed wearing compression stockings. Resident stated during the interview that the direct care staff assists her with putting the stockings on and off every day. Record Review on at 1:00 PM for resident #3 revealed a Facility Health Assessment (1823) dated with diagnosis of and a-fib. There was a physician order by Dr. Balasubramanian dated for compression stockings. Review of the daily Health Care Progress Notes from revealed the direct care staff put and took off the compression stockings. 4. Interview conducted on at 11:55AM with resident #4 who was observed wearing compression stockings; stated during the direct care staff assists her in the morning and in the evening with putting the stockings on and off. Record Review on at 1:25 PM for resident #4 revealed a Facility Health	A 078		

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A 078	Continued From page 8 Assessment (1823) dated with diagnosis of and . There was no physician order noted for the compression stockings in the resident record. Health Care Progress Notes dated revealed daily log notes by direct care staff indicating they are putting the compression stockings on and off. Review of Resident Contracts on at 3PM revealed "Exhibit Y" therapeutic services List, noted these services are in addition to basic services. Item #5 on the list is physician ordered compression stockings. During Interview on at 3:30 PM with the Director of Nursing (DON) who stated that she maintains a Task List for each resident in her office. It is a check list for the needs of each resident. It is noted for Resident #3 under comments hose on in AM and off in PM". For Resident #4 it is noted check elopement bracelet. The DON stated she was not aware that a specialty license was needed to assist residents with Compression Stockings. She was not aware that unlicensed staff cannot assist with compression stockings. Class III	A 078		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing	A 081		

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A 081	Continued From page 9 personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.	A 081		

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A 081	Continued From page 10 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 3 of 3 sampled staff (Staff A, B, and C) who provided direct care to residents had received the required in-service training. Findings: Personnel record review for Staff A hired Staff B hired : and Staff C hired revealed that there was no documentation to confirm that they had received required training as follows: Staff A, B and C did not receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: Reporting major incidents. Reporting adverse incidents. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. In-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. Staff A and B did not receive a minimum of 1 hour in-service training within 30 days of employment	A 081		

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A 081	Continued From page 11 that covered the following subjects: Resident rights in an assisted living facility. Recognizing and reporting resident neglect, and A3 hours of in-service training within 30 days of employment that covered Resident behavior and needs and providing assistance with the activities of daily living. A minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. A minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. The Business Office Manager stated on at approximately 1 PM, that she could not find documentation to confirm that the staff had received the above training's. She stated that Staff B and C were CNA's and she did not have their license. Class III	A 081		
A 082	58A-5.0191(3) FAC Training - (3) Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule.	A 082		

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A 082	Continued From page 12 This Statute or Rule is not met as evidenced by: Based on Personnel record review and interview the facility failed to ensure 3 of 3 sampled staff (A, B, C) had completed a one-time education course on and . Findings: Personnel record review for Staff A hired Staff B hired and Staff C hired revealed that there was no documentation to confirm that they had completed a one-time education course on and . The Business Office Manager stated on at approximately 1 PM that she could not find documentation to confirm that the staff had received the above training. Class III	A 082		
A 083	58A-5.0191(4) FAC Training - First Aid and . (4) FIRST AND . A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.	A 083		

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A 083	Continued From page 13 (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . . . . This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that a staff member who had completed a course in First Aid was in the facility at all times. Findings: Review of the staff schedule for the day revealed that there was 2 staff scheduled to work the 11 PM-7 AM shift. Personnel Record review conducted for Staff C who worked the 11 PM -7 PM shift revealed that there was no documentation to confirm that he had first aid training. The business office manager was asked on . . . . . at approximately 12:30 PM to provide evidence that one of the staff scheduled to work for the day had First Aid. At approximately 2:30 PM the Director of Nursing stated that the other staff that was scheduled to work did have first aid and they were waiting for the card to be faxed to the facility. The facility did not provide evidence that there was at least one staff with first aid that worked the 11 PM-7 AM shift. Class III	A 083		

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	AL11965370	A. BUILDING: _____ B. WING _____	

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A 090	58A-5.0191(11) FAC Training - Do Not ..... Orders (11) ..... TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding ..... within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding ..... within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on Personnel record review and interview the facility failed to have evidence that 3 of 3 sampled staff (A, B & C) had at least one hour of training in the facility's policies and procedures regarding ..... that included information in Rule 58A-5.0186, F.A.C. Findings: Personnel record review for Staff A hired ..... Staff B hired ..... and Staff C hired ..... revealed that there was no documentation to confirm that they had obtained at least one hour of training on the facility's policies and procedures regarding ..... that included information in Rule 58A-5.0186, F.A.C. within 30 days of employment.	A 090		

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A 090	Continued From page 15 The Business Office Manager stated on at approximately 1 PM that she could not find documentation to confirm that the staff had received the above training. Class III	A 090		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph	A 162		

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A 162	Continued From page 16 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the	A 162		

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A 162	Continued From page 17 Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended	A 162		

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A 162	Continued From page 18 congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews the facility failed to obtain a physician's order for 1 of 15 sampled residents (#5) who needed assistance with the self-administration of medications to self-administer his medications and for 1 of 15 sampled residents (#1) who received assistance with the activities of daily living, recorded their weight semi-annually. Findings: 1. During staff interviews on [redacted] at approximately 11 AM, it was revealed that staff was assisting resident #5 with his medications; except for his [redacted] that he was injecting himself. Further interviews revealed that on one occasion resident #5 injected himself with the [redacted] and some of the [redacted] came out of the needle and was running down the resident's arm. Record review for resident #5 revealed a Resident Health Assessment Form 1823, that was dated [redacted] that was completed by the health care provider that noted the resident needed assistance with the self-administration of medications. Further record review revealed that there was no other documentation found in the record that was completed by a health care provider that the resident was capable of self-administering his own [redacted]. Review of the facility's computerized progress notes revealed that on [redacted] at 10:48 it noted the resident requires assistance with medications.	A 162		

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A 162	Continued From page 19 A progress note dated at 6:07 AM noted Resident came down around 4 AM asking for his daughter, why he is here, was very The Director of Nurses stated on at approximately 2:30 PM that she was aware of the incident regarding the resident not injecting his correctly and it did run down his arm. She was asked if the resident had been reassessed in order to determine whether or not he was capable of administering his and she stated he had not. She was asked if there was an order for him to self-administer the 2. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form (1823) dated that stated diagnoses of , spinal , uric nephrolithiasis (kidney , unspecified kidney injury, of limb and upper end of the . The resident needed assistance with all activities of daily living and was admitted on Review of the resident weight record revealed there were no weights documented form 2011 through 2012 (due 2011 and 2012). Interview with the Wellness Director on at approximately 2 PM who stated she did not work in the facility during that time period and was unable to find the resident weights. Class III	A 162		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise	AZ827		

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AZ827	Continued From page 20	AZ827		

services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

(2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an

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AZ827	Continued From page 21	AZ827		

interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to secure a limited Nursing specialty license prior to assisting 2 of 2 sampled residents (#3 and #4) before putting on and taking off compression stockings.
Findings:
Observation on during the general tour the facility license was observed hanging on the wall in the entrance way. The facility has a Standard ALF license with no specialty.
1. Interview conducted on at 11:40AM with resident #3 who was observed wearing compression stockings. Resident stated during the interview that the direct care staff assists her with putting the stocking on and off

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AZ827	Continued From page 22	AZ827		

every day.
Record Review on [redacted] at 1:00PM for resident #3 revealed a Facility Health Assessment (1823) dated [redacted] with diagnosis of [redacted] and a-fib. There was a physician order by Dr. Balasubramanian dated [redacted] for compression stockings. Daily Health Care Progress Notes from [redacted] with daily log notes from direct care staff indicating the compression stockings are put on and off by direct care staff.
2. Interview conducted on [redacted] at 11:55AM with resident #4 who was observed wearing compression stockings. The resident stated during the interview that the direct care staff assists her in the morning and in the evening with putting the stockings on and off.
Record Review on [redacted] at 1:25 PM for resident #4 revealed a Facility Health Assessment (1823) dated [redacted] with diagnosis of [redacted] and [redacted] There was no physician order noted for the compression stockings in the resident record. Health Care Progress Notes dated [redacted] revealed daily log notes by direct care staff indicating they are putting the compression stockings on and off.
Review of Resident Contracts on [redacted] at 3PM for facility revealed "Exhibit Y" therapeutic services List, noted these services are in addition to basic services. Item #5 on the list is physician ordered compression stockings.
During interview on [redacted] at 3:30PM with DON who stated that she maintains a Task List for each resident in her office. It is a check list for the needs of each resident. A copy was provided. It is noted for Resident #3 under comments "[redacted] hose on in AM and of in PM. For Resident #4 it is noted check elopement bracelet. The DON stated

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AZ827	Continued From page 23 she was not aware that a specialty license was needed to assist residents with Compression Stocking. Unclassified	AZ827		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Horizon Bay Vibrant Ret Living 443
360 Montgomery Road
Altamonte Springs, FL 32714

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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