STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965370	R
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RET LIVING 443**	STREET ADDRESS, CITY, STATE, ZIP CODE **360 MONTGOMERY ROAD** **ALTAMONTE SPRINGS, FL 32714**	

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

0000 Initial Comments

Conducted revisit to the relicensure survey on . Horizon Bay Vibrant Retirement Living 443 Assisted Living Facility had deficiencies found at the time of the visit.

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to ensure medications were kept in a locked storage area at all times for 1 of 6 sampled residents (#7).

Findings:

Tour of the facility on at approximately 1:30 PM revealed resident #7's door was unlocked and the resident was not in his . There were 2 bottles of ( ) nose spray, 1 container of suppositories, a pill box filled with medications, one bottle of stool softener, one box of medication, one bottle of (pain reliever) and one bottle of ( ) in the living the table next to the reclining chair. The medications were not secured, unattended and was seen upon opening the door to the . There were residents ambulating in the hallway and sitting on a bench outside the . There were residents ambulating in the facility who had access to the .

In an interview with the administrator on at approximately 2 PM who was not aware the resident left his and the medications were unattended.

Class III

0081 Training - Staff In-Service

THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED.

Based on record review and interview the facility failed to ensure staff had the required training for 1 of 8 sampled staff (Staff E).

Findings:

Review of personnel files revealed Staff E, a caregiver who was hired on did not have documentation to review that indicated she had 3 hours of training within 30 days of hire in Resident Behavior and Needs and Providing Assistance with the Activities of Daily Living (ADLs). Review of the

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

certificate dated revealed 2 hours of Assistance with ADL training.

In an interview with the administrator on / at approximately 4:30 PM who stated the staff did not have the required training.

Class III

0152 Physical Plant - Safe Living Environ/Other

THE FOLLOWING DEFICIENCY REMAINED UNCORRECTED.

Based on observation and interview the facility failed to ensure the facility was free from odors and dirty carpets.

Findings:

Observation on / at approximately 1:15 PM revealed there was a very strong odor in

Observation on at approximately 1:20 PM revealed there was a dirty/stained carpet in

In an interview with the administrator on at approximately 2 PM who stated she was aware of the odor and the stained carpet in the

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965370	A. Building B. Wing	9/28/2015

Name of Facility	Street Address, City, State, Zip Code
HORIZON BAY VIBRANT RET LIVING 443	360 MONTGOMERY ROAD ALTAMONTE SPRINGS, FL 32714

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC		ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC		ID Prefix **A0050** Reg. # **429.256(2) FS;58A-5.0185(** LSC	
ID Prefix **A0053** Reg. # **58A-5.0185(4) FAC** LSC		ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC		ID Prefix **A0079** Reg. # **58A-5.019(3) FAC** LSC	
ID Prefix **A0082** Reg. # **58A-5.0191(3) FAC** LSC		ID Prefix **A0083** Reg. # **58A-5.0191(4) FAC** LSC		ID Prefix **A0091** Reg. # **58A-5.0191(12) FAC** LSC	
ID Prefix **A0093** Reg. # **58A-5.020(2) FAC** LSC		ID Prefix **AZ827** Reg. # **408.812, FS** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date: 10/26/15	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Revisit to relicensure

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 28, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
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