

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965370	(X3) DATE SURVEY COMPLETED 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 10/02/2015. 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 10/02/2015 at approximately 1:30 PM revealed resident #7's door was unlocked and the resident was not in his room. 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 room on the table next to the reclining chair. The medications were not secured, unattended and was seen upon opening the door to the room. There were residents ambulating in the hallway and sitting on a bench outside the room. There were () residents ambulating in the facility who had access to the room.

In an interview with the administrator on 10/02/2015 at approximately 2 PM who was not aware the resident left his room 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 09/01/2015 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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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

AL11965370

(Y2) Multiple Construction

A. Building
B. Wing

(Y3) Date of Revisit

9/28/2015

Name of Facility

HORIZON BAY VIBRANT RET LIVING 443

Street Address, City, State, Zip Code

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

Reviewed By

Reviewed By

Date: 10/2/15

Signature of Surveyor:

Date:

State Agency

Reviewed By

Date:

Signature of Surveyor:

Date:

Reviewed By

CMS RO

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

January 28, 2015

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

RE: Revisit to relicensure

Dear Administrator:

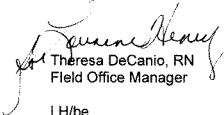
This letter reports the findings of a revisit survey conducted on January 28, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the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

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