STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968692	09/24/2015
NAME OF PROVIDER OR SUPPLIER **HORIZON BAY VIBRANT RETIREMENT LIVING 464**	STREET ADDRESS, CITY, STATE, ZIP CODE **7640 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321**	

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

0000 Initial Comments

An unannounced Change of Ownership survey was conducted on 9/24/2015 at Horizon Bay Vibrant Retirment Living. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self-administration of medication, for 2 out of 3 residents (Resident #7 and Resident #8) observed during medication pass.

The findings include:

a) Observations on at 12:13 PM found Resident #7 receiving the following medication, 0.5 mg. On at 12:15 PM, observations during assistance with self-administration of medication revealed Staff A (unlicensed staff), assisted Resident #7 with aforementioned medication. Staff A sanitized her hands, then she put Resident #7's medication in a cup and gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident #7. Staff A observed Resident #7 take their medication and then documented the Medication Observation Record (MOR).

b) Observations on at 12:18 PM found Resident # 8 receiving the following medication, 500 mg. On at 12:20 PM, observations during assistance with self- administration of medication revealed Staff A (unlicensed staff), assisted Resident # 8 with aforementioned medication. Staff A sanitized her hands, then she put Resident #8's medication in a cup and gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 8. Staff A observed Resident # 8 take their medication and then documented the Medication Observation Record (MOR).

During an interview on at 12: 25 PM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error in not informing Resident # 7 and Resident # 8 of the names of the medication they received.

In an interview with the Memory Care Manager and the Director of Nursing on at approximately 1 PM, they acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Horizon Bay Vibrant Retirement Living 464
7640 North University Drive
Tamarac, FL 33321

RE: Change of Ownership Survey

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on [redacted] 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 17, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office manager

AMD
Enclosure

XG90

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