STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968692	**06/28/2017**
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 relicensure survey was conducted on at Horizon Bay Vibrant Retirement Living 464, License #12593 . The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self- administration of medication, for 1 out of 1 residents (Resident #9) observed during med pass.

The findings included:

Observations on at 9:30 AM found Resident #9 receiving the following medication:

a) , 81 MG,
b) ER 16 MG,
c) Tab
d) Respirdone 0.25 MG Tab

At 9:35 AM on , observations during assistance with self- administration of medication revealed Staff A, Med Tech, assisted Resident #9 with self - administration of medications. Staff A sanitized her hands, put Resident # 2's medication in a cup and immediately signed off on electronic MOR. Staff A proceeded with stating the name of each medication to Resident#9 and gave the medication along with a cup of water to the resident. Staff A observed Resident #9 take his medications.

An interview was conducted on with the Administrator at 1 PM. The administrator acknowledged the error made by Staff A immediately signing off on MOR before Resident #9 was observed swallowing medication.

Class III

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

Based on observation, and staff interview the facility failed to provide a safe living environment free of hazard, for 1 of 9 sampled residents (Resident #8).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings include:

While touring the memory care unit of the facility and resident within the unit on between 9:45 am and 9:58 am the following observations were noted.

a) Resident #8 a can of Lysol Spray and a container of Bleach wipes in the closet on the floor.

b) Further observations while touring the facility revealed the laundry propped open with chemicals stored inside of the laundry shelves. (photo evidence obtained)

At 1:06 pm on , an interview was conducted with the Assistant Executive Director regarding the can of Lysol spray and the Bleach wipes found during the tour and the laundry being propped open. The Assistant Executive Director acknowledged the findings. No additional information was presented at this time.

Class III