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
	AL11967327	A. BUILDING: ______ B. WING ______	09/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN AGE ALF V, LLC	7861 NORTHWEST 175 STREET HIALEAH, FL 33015

(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 A complaint survey (#2022012603) was conducted at Golden Age Assisted Living Facility V. A deficiency was identified at the time of the visit.	A 000		
A 054 SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to record any missed dosages, refusals to take medication as prescribed, or medication errors from one out of six sampled residents (Resident#1). Findings Included: A review of Resident#1's medication observation record (MOR) showed the resident did not receive any of his medications between - . Resident#1's MOR was left blank for - . There was no documentation stating why the resident's medication was not being offered or given. Twelve of those medications were: 1. ER120Mg @7am 2. 5 mg Tab@6PM 3. 20mg tab @7AM 4. 40mg @7AM 5. 1 mg@ 5PM 6. Isorbide MN ER 30MG@9PM 7. 7.5 mg@9pm 8. 40mg @7am 9. 4MG TAB 10. CL ER 10 ME1 CAP 11. Silva 1% cream 12. GCL 25 MG Tabs A review of Resident#1's progress notes showed the resident went visit his son from - . In an interview with the Manager on at 2:45pm, she stated the resident went to visit his son and the resident's son put all the medication needed in a pill organizer for the	A 054		

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A 054	Continued From page 2 resident that for those days. She stated," We watched him do it " however she didn't have documentation on the MOR indicating the resident was away or the reason why the staff had not administered the medication to the resident . Class III	A 054		