

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965619	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/21/2023
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

THE GOLDEN YEARS GROUP CORP

**3460 SW 137 AVENUE
MIAMI, FL 33175**

(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 revisit to a change of ownership survey was conducted at The Golden Years Group Corp on . A deficiency was identified at the time of the visit.	{A 000}		
{A 003} SS=D	59A-36.003(2) FAC; 429.12(1) FS Licensure - Change of Ownership (CHOW) 59A-36.003 (2) CHANGE OF OWNERSHIP. In addition to the requirements for a change of ownership contained in Chapter 408, Part II, F.S., Section 429.12, F.S., and rule Chapter 59A-35, F.A.C., the following provisions relating to resident funds apply pursuant to Section 429.27, F.S.: (a) At the time of transfer of ownership, all resident funds on deposit, advance payments of resident rents, resident security deposits, and resident trust funds held by the current licensee must be transferred to the applicant. Proof of such transfer must be provided to the agency at the time of the agency survey and before the issuance of a standard license. This provision does not apply to entrance fees paid to a continuing care facility subject to the acquisition provisions in Section 651.024, F.S. (b) The transferor must provide to each resident a statement detailing the amount and type of funds held by the facility and credited to the resident. (c) The transferee must notify each resident in writing of the manner in which the transferee is holding the resident's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. 429.12 Sale or transfer of ownership of a	{A 003}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{A 003}	Continued From page 1 facility.-It is the intent of the Legislature to protect the rights of the residents of an assisted living facility when the facility is sold or the ownership thereof is transferred. Therefore, in addition to the requirements of part II of chapter 408, whenever a facility is sold or the ownership thereof is transferred, including leasing: (1) The transferee shall notify the residents, in writing, of the change of ownership within 7 days after receipt of the new license. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed had a change of ownership and failed to notify each resident in writing of the manner in which the transferee is holding the resident's funds, name and address of the depository where the funds are being held, the amount held, and type of funds credited for four out of four (Residents #1,#2,#3 and #4) sampled residents. Findings: Observation on at 12:45 pm showed a "Change of Ownership Notification"dated (Photographic evidence obtained) posted on a bulletin board in the dining room. A review of the residents's #1, #2, #3, and #4 records showed no documentation the residents were informed in writing the manner in which the transferee is holding the resident's funds, name and address of the depository where the funds are being held, the amount held, and type of funds credited in file. Interviewed on at 1:45 pm, concerning documentation that the residents were informed in writing of where and amount of	{A 003}		

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NAME OF PROVIDER OR SUPPLIER THE GOLDEN YEARS GROUP CORP		STREET ADDRESS, CITY, STATE, ZIP CODE 3460 SW 137 AVENUE MIAMI, FL 33175			
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{A 003}	Continued From page 2 their funds being held, the Administrator stated, "I will correct it." Class III Uncorrected	{A 003}			