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
	AL11967463	A. BUILDING: _____ B. WING _____	07/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLD COAST LOVING CARE INC	5517 HAYES STREET HOLLYWOOD, FL 33021

(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 An Abbreviated Relicensure and Generator Monitoring survey was conducted on at Gold Coast Loving Care Inc. Deficiencies related to the Relicensure were identified during the survey.	A 000		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 1 resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide appropriate care and services for each resident. This was evidenced by the facility's failure to provide staff that can communicate effectly to address the care needs of 3 out of 3 sampled residents (Resident#2, Resident #3, and Resident #4). The findings included: During a tour of the facility on at 9:41AM it was observed that there were 4 residents (Residents #1-#4) in living room area watching television and conversing amongst each	A 025		

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A 025	Continued From page 2 other. Upon greeting the residents, the surveyor was informed by Resident #3 that he spoke Kreyol only. At this time, the surveyor asked Staff B (HHA) if any of the residents spoke English. Staff B stated only Resident #1 spoke English. During an interview with Staff B(HHA)on at 9:57AM, she stated she works the morning shift by herself usually. She also stated that she did not speak Kreyol and she only spoke English. Staff B further stated she would try to understand the residents as best she could and assist them. A review of the staff schedule for the month of , provided by the Administrator revealed that Staff B(HHA) worked the morning shift from 7AM-3PM Monday through Friday. Further review revealed the Administrator (Kreyol speaking) worked the morning shift from 9AM-7PM. During an interview with the Administrator on at 12:35PM, she stated that Staff B (HHA) was usually alone with the residents for no more than two hours before she arrives and that even though Staff B did not speak Kreyol, she did. The Administrator was asked how Staff B communicated with the residents that speak Kreyol. She stated the Staff B communicated with the residents using gestures. At this time, the Administrator was informed that Staff B's inability to communicate with the residents in a language they can understand prevents her from providing the appropriate care and services as needed during the two hours that a non-Kreyol speaking staff is not present. Addionally, she was informed that this could be dangerous in the event of a time sensitive emergency that would require immediate communication. The Administrator acknowledged the findings and stated she would	A 025		

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A 025	Continued From page 3 have Kreyol speaking staff, besides herself, present at all times to ensure the resident's care needs were met appropriately and timely. Class III	A 025		