STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967595	**07/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Touch Home Care #2	**900 Ne 205 Street Miami, FL 33179**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Licensure Survey was completed on at Golden Touch Home Care #2. The following deficiencies were identified at the time of survey:

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview facility failed to ensure 3 out 4 sampled employees are trained in Activities of Daily Living (ADL) as well as 1 out of the 4 sampled employees are trained in the areas of Elopement, Incident reporting, Resident Rights and Recognizing & Reporting , Neglect &

Findings includes:
1. Record review found that employees #2 (caregiver, hire date), 3 (caregiver, hire date) and 4 (caregiver hire date) did not have documentation verifying they were training in Activities of Daily Living.

2.Further review found Employee #4 (caregiver hire date) was not trained in Elopement, Incident Reporting, Resident Rights, and Recognizing & Reporting , Neglect &

3. Interview administrator on at 3:00 PM confirmed all of the above findings and stated that she would correct all of them as soon as possible.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Golden Touch Home Care #2
900 Ne 205 Street
Miami, FL 33179

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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.

Staff from this office will conduct a review after 9/11/2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Kristal Branton for

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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