STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966238	12/04/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Era Alf, Corp	15680 Sw 139 Avenue Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint inspection (CCR#2013010519) was condcuted at Golden Era ALF on . There were deficiencies found during the visit.

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on observation and interview, the facility failed to ensure there was one staff member present at all times who was trained in .

Findings include:

Observation on at 9:15 am revealed staff #1 answered the facility's front door. She had a bucket of cleaning liquid and a mop out and was cleaning the floor of the main hallway. She also cleaned the floor outside of #. She was the only staff member present at the time of the surveyor's entrance.

Observation on at 9:25 am revealed staff #2 entered the facility.

Review of the staffing files revealed staff #2 had current training. Staff #1, however, did not have a file.

Interview with the administrator on at 10:33 am revealed staff #2 was at the store buying malanga (squash) when the surveyor entered this morning. She said she (herself) was at the hospital with her daughter. She asked staff #2 how long she was gone and staff #2 responded 10 minutes. She stated staff #2's husband was at the facility but confirmed that he did not have training. She confirmed staff #1 did not have training and that there was nobody in the facility trained in at the time of the surveyor's entrance.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on observation, record review, and interview, the facility failed to ensure that staff #1 had appropriate background screening prior to working in the facility.

Findings include:

Observation on at 9:15 am revealed staff #1 answered the facility's front door. She had a bucket of cleaning liquid and a mop out and was cleaning the floor of the main hallway. She also cleaned the floor outside

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of # . She was the only staff member present at the time of the surveyor's entrance. She had access to resident common areas as well as resident .

Findings include:

Interview with the administrator on at 9:58 am revealed she said staff #1 does not work here, but just cleans.

Review of the facility's staffing files revealed there was no file for staff #1.

Interview with the administrator on at 10:55 am revealed she stated staff #1 only came today because the administrator's daughter gave birth on 12/3 and staff #2 cannot clean the whole place by herself. She then said staff #1 comes when they call her, every three or four months. She may go months or a year without calling staff #1 to clean. She acknowledged that there was no background screening on file for staff #1.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Era Alf, Corp
15680 Sw 139 Avenue
Miami, FL 33177

Re: CCR #2013010519

Dear Administrator:

This letter reports the findings of a state complaint 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 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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone (305) 593-3100; Fax (305) 593-3121