STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	01/29/2014
NAME OF PROVIDER OR SUPPLIER **Golden Years For The Elderly Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 Sw 19th Terrace Miami, FL 33175**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0074 - 58a-5.019(3)(b) - Staffing Standards - Personnel File (bgs) S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Services Monitoring Survey was conducted on , 2014 at Golden Years For The Elderly Corp. The following deficiencies were found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation, record review and interview the Assisted Living Facility failed to the written order of the resident's physician to the use of half-bed rail for one out of one sampled residents (#1).

Findings include:

1. Observation during tour of the facility on at 1:50 p.m. revealed that resident #1's bed had attached a half-bed rail to his/her bed.

2. Record review of resident #1's file revealed that there was a written physician order for semi electric bed.

3. In an interview with caregiver_A on at 1:55 p.m. revealed that resident #1 used half-bed rail up while on bed.

Class III

0074-Staffing Standards - Personnel File (BGS) 58A-5.019(3)(b)

Based on record review and interview the Assisted Living Facility failed to maintain the results of employee screening conducted by the agency in the employee's personnel file for registered nurse contracted to provide limited nursing services.

Findings include:

1. Record review of registered nurse contracted to provide limited nursing services' personal file revealed that there was no results of employee screening conducted by agency while agency background screening result unit website indicated that registered nurse last background screening was on .

2. Administrator on at 3:20 p.m. acknowledged findings.

Class III

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	AL11965545	**01/29/2014**
NAME OF PROVIDER OR SUPPLIER **Golden Years For The Elderly Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 Sw 19th Terrace Miami, FL 33175**	

SUMMARY STATEMENT OF DEFICIENCIES
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0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the Assisted Living Facility failed to have statement from health care provider of freedom of documented on an annual basis for registered nurse contracted to provide limited nursing services.

Findings include:

1. Record review of personnel file of registered nurse contracted to provide limited nursing services revealed that statement from health care provider of freedom of was completed on .

2. Administrator on at 3:20 p.m. acknowledged findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Years For The Elderly Corp
13184 Sw 19th Terrace
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a state Limited Nursing Services (LNS) Monitoring survey that was conducted on , 2014 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,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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