STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965458	03/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Cove Alf	918 Egan Drive Orlando, FL 32822	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B

Specific Tag Findings:

0000-Initial Comments
Assisted Living Facility (ALF) with Limited Nursing Services (LNS) re-licensure survey was conducted.

The facility had deficiencies found during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure the unlicensed staff that assisted 2 of 2 residents (#2 and #4) with self-administration of medications followed the correct procedure.

Findings:

Observations on at approximately 2 PM during the medication pass noted that, Staff #A washed her hands and sanitized hands. She brought in a table to the medication area as well as 2 cups. She retrieved the medications from the locked medication cart and placed them on the table. She poured the medication for resident #2 in a cup. She placed a pill for resident #4 in another cup. She replaced the medication to the locked medication cabinet. She bought the cups to each resident. She told resident #2 "I'm going to give you this pill". She observed the resident take the medication. She then went to resident #4 and gave her the cup with the pill inside and told her "I'm going to give you this pill". She observed the resident take the medication and then signed the Medication Observation Record (MOR).

In an interview on at approximately 4:30 PM, the assistant administrator offered no comment when informed about the above noted observations.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that the resident

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contracts for 2 of 2 sampled resident records (#1 & #2) contained all the necessary requirements.

Findings:

Individual resident record review for residents #1 and #2 revealed that the contracts did not include a statement to inform the residents or responsible party that as part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever came first.

In an interview on [redacted] at approximately 4:30 PM, the assistant administrator offered no comment and stated he would let the administrator know.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Cove Alf
918 Egan Drive
Orlando, FL 32822

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure 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 **2014,** 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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