STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964673	04/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Wings Darrow	1351 Darrow Rd Sw Palm Bay, FL 32908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
Re-licensure survey with Limited Nursing Services was conducted on .

Golden Wings Darrow had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure they had documentation of the annual testing for 3 of 4 sampled staff (Staff A, C & D).

Findings:

Review of the personnel file for Staff A, date of hire 2012, Staff C, date of hire 2002, and Staff D, date of hire 2002, revealed there was no documentation to review that indicated they had annual testing.

In an interview with the administrator on at approximately 5 PM who stated, they needed to get their tests done.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and interview the facility failed to ensure the administrator completed 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Review of the administrator's personnel file revealed there was no documentation to review to indicate she had completed 12 hours of continuing education in the past 2 years.

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In an interview with the administrator on at approximately 5 PM who stated she did not have her continuing education hours available for review.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure the person in charge of food services, completed 2 hours of continuing education annually in topics pertinent to nutrition and food service for 1 of 4 sampled staff (Staff C).

Findings:

Review of personnel files revealed there was no documentation to indicate the person in charge of food services, Staff C, had completed 2 hours of continuing education annually.

In an in interview with the administrator on at approximately 5 PM, who stated she did not have the 2 hour training available for review.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and interview the facility failed to have records that contained physician orders for for 1 of 5 sampled residents (#2) and the hospice interdisciplinary care plan for 1 of 5 sampled residents (#1).

Findings:

Resident record review revealed the following were not maintained in the record:

Resident #1-Review of the Medication Observation Record revealed R 4 units three times a day prior to meals for sugar of 200. The prescription label read R 4 units SQ three times a day. The was charted as given on at 12 PM. There was no documentation to review that indicated the current order for

Resident #2 was admitted to hospice on and did not have a hospice interdisciplinary care plan that was developed in consultation with the facility.

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

Interview with the administrator on [redacted] at approximately 5 PM who stated she did not have the [redacted] order for resident #1 and she did not have a copy of the hospice interdisciplinary care plan that was developed in consultation with the facility for resident #2.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Golden Wings Darrow
1351 Darrow Rd Sw
Palm Bay, FL 32908

Dear Administrator:

Re: Biennial relicensure 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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