STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964066	07/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
God's Vip Senior Haven, Ltd	4681 Sw 66th Avenue Davie, FL 33314	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced abbreviated biennial licensure survey was conducted on . . . . . at God's V.I.P. Senior Haven. The facility had a licensure deficiency found at the time of the visit.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interviews, the facility failed to ensure that the centrally stored medications were kept in a locked cart, or other locked storage receptacle, . or area at all times.

The findings are:

1. On at 9:05 AM, the door to the nursing office was observed to be open. There was no staff observed inside the . . . There was a bingo card and a medications on time (MOT) card containing labeled prescription medications stacked on a shelf in plain view located just inside the door. Adjacent to the nursing office there were several residents observed seated in the dining . . . . The supervisor was interviewed on . . . . . at 9:05 AM and said she would lock up the medications.

2. During further observations on . . . . . at 11:00 AM, the nursing office door was observed open, and there was no staff inside. The key was observed in the lock of the medication cart, and the cart was unlocked and able to be opened, revealing labeled prescription medications inside. The Administrator was interviewed on . at 11:00 AM and acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
God's V.I.P. Senior Haven, LTD
4681 SW 66th Avenue
Davie, FL 33314

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a relicensure survey that was conducted on . 2014 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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