STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967463	08/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gold Coast Loving Care Inc	5517 Hayes Street Hollywood, FL 33021

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure survey was conducted on [redacted] at Gold Coast Loving Care. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on on observation record review and interview, the facility failed to ensure residents have a face-to-face medical examination completed by a health care provider at least every 3 years after the initial assessment, or after a significant change and results documented on a Resident Health Assessment form (AHCA form 1823), for 1 out of 1 records reviewed (Resident #3).

The findings include:

A review resident #3's record revealed an admission date of [redacted] and an AHCA form 1823 dated [redacted] and a diagnosis to include mandibular fx, [redacted] bunch [redacted] Diet was noted as mechanical soft and the resident documented to be independent with eating, ambulating,toileting and transferring.

Observation of Resident #3 during the survey on [redacted] from 9:00 AM through 2:00 PM was of the resident in a wheel chair in the living area watching TV and being pushed by the HHA to the dining [redacted] for the lunch meal where she continued to be in her wheelchair. HHA #2 was asked if the resident can ambulate, transfer and toilet herself. The aid stated NO, not since she came back from the hospital. A review of the residents record did not document the resident had been in the hospital.

During an interview on [redacted] at 1:20 PM with the facility Administrator, Resident #3's record was reviewed and did not contain evidence of documentation of Resident #3 was in the hospital. The Administrator went to her office and retrieved Resident #3's hospital records which documented the resident had a left side [redacted] on [redacted] and returned to the facility on [redacted] unable to ambulate

independently.

There is no evidence of documentation the resident was seen by a physician after a significant change in their condition and the AHCA form 1823 does not reflect the residents current conditions. The Administrator acknowledged the findings

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on observations, record review and interview, it was determined the facility failed to ensure a resident's diet as order by the health care provider is provided, for 1 out of 5 residents observed during the dining services (Resident #3).

The findings include:

Observation on at 1:00 PM of the facility staff preparing lunch for the facility's 5 residents. Home health aide (HHA) #1 pureed in a blender the macaroni and cheese, placed it on the plate, pureed the meet and piled it on top of the macaroni and cheese, pureed the pees and piled them on top of the pureed meat. The facility HHA #2 stated none of the residents were on a pureed diet but Resident #3 had a hard time eating since she returned from the hospital so they do that for her. (photo included of the plate). HHA #1 made Resident #3's a new plate, she identified as mechanically soft macaroni and cheese and meat.

A review of Resident #3's record revealed an admission date as and an AHCA form 1823 dated and a diagnosis to include mandibular fx, bunch Diet documented as mechanical soft and the resident independent with eating. Further review of the record did not reveal evidence of a physicians order to change the residents diet from mechanical soft to pureed. The resident was observed eating her mechanical soft lunch and consumed 90% of the meal. Resident #3 stated the meal was really good.

During an interview on at 1:15 with Administrator, she was shown a picture of the lunch HHA #1 prepared for resident #3. She stated the food should have been separated on the plate and acknowledged the resident should be receiving a mechanical soft diet consisting of "soft foods" and not a

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pureed diet. She confirmed she did not have an order to change the residents diet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Gold Coast Loving Care Inc
5517 Hayes Street
Hollywood, FL 33021

RE: Relicensure Survey

Dear Administrator:

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 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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