STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967469	08/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden House Senior Living	102 Rae Drive Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial relicensure survey was conducted on
Golden House Senior Living had Licensure deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, resident interview, record review and staff interview the facility failed to obtain a physician ' s order for the use of half bed rails on one resident ' s (#5) bed.

The findings include:

An observation was conducted on at 11:55 am of Resident #5. Resident #5 was observed to have a half side rail in place on her bed.

A review of the medical record for Resident #5 revealed on the Resident Health Assessment for Assisted Living Facilities, Agency for Health Care Administration (AHCA) Recommended Form 1823 that the resident required assistance with transfers. A review of the physician ' s orders revealed the resident ' s physician had not written an order for the use of half bed rails.

An interview with Employee A on at 12:25 pm revealed she was not aware that there needed to be a physician ' s order for the rails on Resident #5 ' s bed. She reported that Resident #5 required assistance in getting out of bed and the resident was not able to remove the side rail by herself. She reviewed the medical record and stated that there was not an order for them but she would call and get one because the resident wanted the side rails on her bed.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and staff interview the facility failed to ensure medications for one resident (#6) were properly labeled, out of one resident who was reviewed during medication pass.

The findings include:

Observation of the medication pass for Resident #6 on at 9:45 am revealed Employee B took a paper envelope out of the medication box and opened it. She took a patch out of the envelope and wrote the date on the patch. She explained to the resident that it was time to change the patch on her back. She

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assisted the resident with lifting her shirt and then removed the old patch which was stuck on the resident right shoulder blade. She then applied the new patch to the resident ' s left shoulder blade. She assisted the resident with pulling her shirt back down and then put the old patch on the envelope and handed it to this surveyor. Observation of the envelope had the manufacturer ' s information on it but no label from a pharmacy with instructions on dose or the resident ' s name.

Review of the physician ' s orders revealed the resident is prescribed an ... Patch ... system) Delivers 13.3 mg/24 hours. For ... use only. The patch is ordered to be changed daily at 9:00 am.

Interview with Employee A at 10:58 am revealed there is no label on the box for the ... Patch medication. She stated she knew they needed one because it is a prescribed medication. She stated the resident's family brings the medication to the facility. She looked in the resident's medical record for an order and stated " I see the order so it does need a label. "

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and interview, the facility failed to properly label Over the Counter (OTC) for 1 of 1 sampled residents reviewed during medication pass (Resident #6).

The findings include:

During medication reconcilation for Resident #6 on ... at approximately 10 AM revealed a bottle of ... 500mg tablets in with Resident #6's medications. Resident #6's name was not written on the ... bottle. Resident #6 also had a bottle of ... delayed release tablets 20 mg, ... Reducer. Resident #6's name was not on the ... bottle.

Interview with Employee A at 11:10 am on ... revealed she confirmed the ... bottle belonged to Resident #6 and it did not have Resident #6's name located on the bottle. She confirmed the ... bottle needed a label with the resident ' s name and on it.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and staff interview the facility failed to ensure the administrator and Employee B had proof of freedom from ... documented annually.

The findings include:

A review of the employee files was conducted during the survey on ... The review revealed no proof of freedom from ... documented annually for the administrator (Date of hire: ... and Employee B (Date of hire: ...

An interview was conducted with Employee A on ... at 2:00 pm in which she confirmed that there is no proof of freedom from ... documented annually for the administrator and Employee B.

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Class III

0086-Training - ADRD 58A-5.0191(9) FAC
Based on record review and staff interview the facility failed to ensure the administrator and two employees (A and B) received 4 hours of initial training on within 3 months of hire and an additional 4 hours of training for the administrator and Employee B within 9 months of hire.

The findings include:

A review of the employee files was conducted during the survey on . The review revealed no proof of training on for the administrator (Date of Hire: and Employees A (Date of Hire: and B (Date of Hire: within 3 months of hire. The files revealed no proof of an additional 4 hours of training with 9 months of hire for the administrator and Employee B.

An interview was conducted with Employee A on at 4:00 pm in which she confirmed, after she reviewed the employee files, that she could not find proof of a training on for the administrator and herself and Employee B for the 4 hours of initial training and the additional 4 hours for the administrator and Employee B. She stated " I know the administrator has had the training. I don ' t know why it ' s not in her file. "

Class III

0090-Training - 58A-5.0191(11) FAC
Based on record review and staff interview the facility failed to ensure one employee (B) received one hour of training on Policy and Procedures .

The findings include:

A review of the employee files was conducted during the survey on . The review revealed no proof of training for Employee B (Date of Hire: on .

An interview was conducted with Employee A on at 3:00 pm in which she confirmed, after she reviewed the employee file for Employee B, that she could not find proof of a training on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Golden House Senior Living
102 Rae Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure 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 surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JD/JM/sm
Enclosure

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