

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965545	(X3) DATE SURVEY COMPLETED 08/06/2014
NAME OF PROVIDER OR SUPPLIER Golden Years For The Elderly Corp	STREET ADDRESS, CITY, STATE, ZIP CODE 13184 Sw 19 Terrace Miami, FL 33175	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on _____, 2014. Golden Years for the Elderly Corp had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on record review and interview, the provider failed to record the results of a face-to-face medical examination by a health care provider after a significant change had occurred onto AHCA Form 1823 for 1 out of 5 residents (#3).

Findings include:

A review of resident #3's record revealed a significant change had occurred after his last health assessment date which lead to resident #3 being hospitalized.

Further record review revealed no documentation showing the results of a face-to-face medical examination by a health care provider after a significant change occurred were recorded onto AHCA Form 1823 for resident #3.

On _____, 2014 at 11:09 AM the administrator acknowledged a significant change had occurred in resident #3 and _____ its of the face-to-face medical examination by a health care provider after the significant change was not documented onto AHCA Form 1823 for 1 out of 5 residents (#3).

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Years For The Elderly Corp
13184 Sw 19 Terrace
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a standard biennial 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 surveyor(s). Should you have any questions please call Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com



Facebook.com/AHCAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida