STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	**08/21/2014**
NAME OF PROVIDER OR SUPPLIER **Golden Age Assisted Living Facility Corp**	STREET ADDRESS, CITY, STATE, ZIP CODE **5970 Nw 3 Street Miami, FL 33126**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard biennial survey was conducted on , 2014. Golden Age Assisted Living Facility, Corp had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review, observation and interview, the provider failed to maintain and up to date medication observation record (MOR) for 2 out of 2 residents (#4, #5).

Findings include:

A review of resident #4's MORs revealed medication SOD listed in the MORs for 8AM and marked with the initials of "A" for dates , 2014 thru , 2014.

Observation showed on , 2014 at 11:30 AM of resident #4's medications revealed the medication SOD was not present.

On , 2014 at 11:33 AM the administrator acknowledged the medication SOD was not present and that staff B had marked the MORs in error. When asked if resident #4 were assisted with taking the medication SOD this morning or yesterday, the administrator shook her head no and stated the medication was not here.

A review of residents #4 and #5 MORs revealed they were to receive medication at 12 noon. Further review of the MORs for residents #4 and #5 on , 2014 at 1:14 PM revealed it had not been immediately up dated.

On , 2014 at 1:14 PM, the administrator acknowledged residents #4 and #5 had received their medications during the 12 o'clock hour and that MORs for residents #4 and #5 were not immediately up dated.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Age Assisted Living Facility Corp
5970 Nw 3 Street
Miami, FL 33126

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

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