STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	**10/08/2014**
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)		

Revisit Corrected Tags:

Revisit Repeat Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Revisit New Tags:

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Revisit Survey was conducted on 8, 2014. Golden Age Assisted Living Facility, Corp had the following deficiencies found at the time of the survey.

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

Based on record review, and interview the facility Still failed to ensure that 1 out of 2 (Resident #2) sampled residents medication observation records (MOR) were accurately maintained.

The findings include:

Medication review on at 1:00 PM showed that Resident #2 had 25 milligrams (mg) at 12:00 PM still in the bingo card for the following dates: and .

Review of Resident #2's medication observation record (MOR) showed that medication 25 milligrams (mg) for 12:00 PM was initialed by the facility's staff as given the medications to Resident #2 although the medications were still in the bingo card.

During the interview on at 1:10 PM, Staff B stated "Resident #2 refused to take the medication".

During the interview on at 1:15 PM the administrator acknowledged the medication was in the bingo card. She stated "staff gets and initialed the MOR " .

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 revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report.

All deficiencies shall be corrected no later than , 2014.

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

BBT7

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