| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965458 | 12/31/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Golden Cove Alf | 918 Egan Drive Orlando, FL 32822 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

**Initial Comments**
A Limited Nursing Services (LNS) monitoring was conducted on Golden Cove Assisted Living had a deficiency found at the time of the visit.

**0083-Training - First Aid and 58A-5.0191(4) FAC**
Based on personnel record review and interview the facility failed to have evidence that a staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times when residents were present.

Findings:

Staff schedule review for the weeks of and revealed staff B was the sole caregiver between 7 AM to 7 PM on 12/7, 12/ 8, 12/9, 1211, 16, 12/2 and from to

Personnel record review on at approximately 2 PM for staff B revealed the First Aid certification expired on

In an interview with the administrator on at approximately 2 PM, who stated staff B had completed a First Aid course and she was unable to find the card.

An opportunity was given to search and e-mail it to the Agency representative by the morning of

An e mail was received from the administrator. The e-mail attachment was a First Aid card for staff B that was effective from (monitoring date) to

**Class III**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Cove Alf
918 Egan Drive
Orlando, FL 32822

**RE: Monitoring visit for Limited Nursing Services**

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 surveyor(s). Should you have any questions please call Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com