STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966850	**04/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIFE MANOR	**200 SE LINCOLN CIRCLE N SAINT PETERSBURG, FL 33703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A Change of Ownership state licensure survey was conducted on .

Golden Life Manor, Assisted Living Facility, had deficiencies identified at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation and interview, one of one Staff (A) who was noted to be assisting three of three residents with their medications (#1, #2 and #4) did not fully adhere to procedures described in Section 429.256, F.S. regarding assisting residents with medication self-administration.

Findings Include:

At approximately 12 noon on , Staff A was observed dispensing 0.125 mg, 1 tablet/day to Resident #1, by placing a tablet in a souffle cup. Staff A was noted to bring this medication to the resident and she stated "Here's your medicine," she observed the individual consume the tablet and then documented appropriately. This same series of steps was observed for Residents #2 and #4, both taking 25 mg, 1 tablet every day. However, Staff A was not observed reading the labels of any of the containers to these residents, nor did she explain what the medicine was for; she simply said "This is your medicine" in all cases. Interview with the Administrator (Staff A) at approximately 1:35 pm on confirmed that she didn't read the labels "Because she assumed each resident knew what medication they were receiving by now."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, one of two staff reviewed (A) had not had their status documented on an annual basis.

Findings Include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966850	**04/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIFE MANOR	**200 SE LINCOLN CIRCLE N SAINT PETERSBURG, FL 33703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0078 Continued From page 1

A review of Staff A's (hired personnel file during the inspection revealed that the latest evaluation had expired Interview with Staff A at approximately 11:15 am on indicated that she had not obtained any subsequent assessment.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, one of two staff reviewed (B) who had been employed at least 30 days had no documentation of some of the required training.

Findings Include:

A review of Staff B's file revealed no documented evidence that a) training in resident rights, b) providing assistance with activities of daily living and resident behavior/needs and c) emergency procedures/chain of command had been received. Interview with the Administrator at approximately 1:20 pm on confirmed that the documentation pertinent to this training was missing from Staff B's record.

Class III

0082 - Training - - 58A-5.0191(3) FAC

Based on record and interview, one of two staff sampled (B) who had been employed at least 30 days had not yet received the one-time and course/training.

Findings Include:

A review of the personnel record for Staff A (hired found no certification that an training had been received. Interview with the Administrator at approximately 1:25 pm on confirmed that said certification was unavailable for inspection.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966850	**04/15/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN LIFE MANOR	**200 SE LINCOLN CIRCLE N** **SAINT PETERSBURG, FL 33703**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the contract for two of two residents sampled (#2 and #3) was missing required verbiage.

Findings Include:

A review of the contract for Residents #2 and #3 found documents that did not include the following provision that could affect the final refund:

"If after a contract is terminated, and the facility makes a claim against the refund owed, the facility shall notify the resident or the resident's representative of the claim in writing, allowing said party at least 14 calendar days to respond."

Interview with the Administrator at approximately 12:45 pm on . . . . confirmed that this verbiage was missing from all of her residents' formal agreements.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Life Manor
200 SE Lincoln Circle North
Saint Petersburg, FL 33703

Dear Administrator:

This letter reports the findings of a Change of Ownership (CHOW) state licensure survey that was conducted on 2015 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul M. Brown

for Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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