STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967595	04/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN TOUCH HOME CARE #2	900 NE 205 STREET MIAMI, FL 33179	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on [redacted], 2015 to [redacted], 2015. Golden Touch Home Care # 2 ALF with Limited Mental Health has the following deficiencies found at time of survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on tour, record review and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for staff.

Findings included:

Observations during tour on [redacted] at 9:00 AM found a staffing schedule posted on wall for [redacted] of 2014. There was no staff schedule posted and available for review for the remaining months from [redacted] 2014 to [redacted] 2015.

Interview on [redacted] at 11:00 AM with administrator acknowledge the staff calendar needs to updated after review of schedule.

Class III

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

Based on record review and interview facility failed to ensure and arrange for the 3 hours in-service training within 30 days of employment to one out of three (#B) sampled staff.

Findings included:

Observations made on [redacted]//15 at 8:00 AM found Staff B (hired [redacted]) in facility alone with resident. There were no other staff present . Staff B was observed cooking and preparing residents meals, and assisting resident. The administrator arrived at the facility at 10:00 AM.

Record record review on [redacted] of employee files contained Staff B (hired [redacted]) has no documentation proving .3 hours of in-service training within 30 days of employment in
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

Interview with the administrator on [redacted] at 10:45 AM acknowledge Staff B did not have the training for Resident behavior and needs and Providing assistance with activities of daily living.

Class III

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	AL11967595	04/13/2015
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0084 Continued From page 1

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the assisted living facility failed to ensure that two out of three (Administrator and staff C)failed to have initial 4 hour training and the minimun of 2 hours of continuing education training on providing assistance with self administered medications and safe medication practices in an assisted living facility.

Findings included:

Record review found that the administrator's last 4 hours medication training was dated . There were no other documentation proving Administrator had complated an 2 hours update for medication

Record review on of Staff C files found no documentation proving she had completed the 4 hours initial medication training.

Interview with the Administrator on at
Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation and interview the facility failed a 3-day supply of non perishable food, based on the number of weekly meals the facility serve has contracted with residents to serve, for a census of five residents on hand at all times.

Finding included:

During tour of conducted on at 8:30 AM of the emergency food cabinet contained a can of tuna, corned beef, mini beef ravioli, an 2 cans of green beans which were expired.

Interview with administrator on at 11:50 AM acknowledge after observation the cans of emergency food were expired and not enough for the amount of residents currently residing at the facility.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to maintain the admission and discharge log updated for two out of five sampled residents (#3 and 6)..

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN TOUCH HOME CARE #2	**900 NE 205 STREET MIAMI, FL 33179**	

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

0160 Continued From page 2

Observation on at 8:00 AM during tour found five residents residing at the facility.

Record review to the admission and discharge log on at 9:30 AM revealed that facility did not have a resident #3 listed on the log and Resident #6 shows she is still at facility. Resident #3's medication's were found in the medication cabinet.

Interview with the Administrator on at 11:50 AM stated Resident #6 is no longer at the facility and acknowledge the admission and discharge log was not updated.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Golden Touch Home Care #2
900 Ne 205 Street
Miami, FL 33179

Dear Administrator:

This letter reports the findings of a standard biennial 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 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