STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968053	05/06/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN HOUSE SENIOR LIVING #1	3991 CR 210 WEST ST JOHNS, FL 32259	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Golden House Senior Living #1 in St. Johns, Florida on 2015. Deficiencies were identified as a result of the survey.

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

Based on record review and staff interview the facility failed to provide the required training for Emergency Preparedness and Evacuation, and Incident Reporting for 2 of 3 sampled employees. (Employees A and B)

Findings Included:

A review of the personnel file for Employee A revealed no documentation of Emergency Preparedness and Evacuation Training or Incident Report Training. Employee A was hired on

A review of the personnel file for Employee B revealed no documentation of Emergency Preparedness and Evacuation Training. Employee B was hired on

An interview with the administrator at 4:00 p.m. confirmed that the required training had not been completed.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview, the facility failed to provide for a 30-day written notice of any rate increase in it's resident contract for 4 of 4 sampled residents. (Residents #1, #2, #3 and #4)

Findings included:

A review of the resident records revealed contracts which all stated the following:
"Monthly rent may also be increased beginning the next month if at anytime, within the first month, it becomes apparent that the resident requires more care than initially thought or of which this facility was not informed."
There was nothing in the resident contract indicating that a 30-day noticed of rate increase would be provided.
(Photographic evidence obtained)

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SUMMARY STATEMENT OF DEFICIENCIES
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0167 Continued From page 1

During an interview with the administrator at approximately 4:00 p.m., she acknowledged the lack of 30-day notice of rate increase and stated that she would make the required changes and review that with the residents or their responsible parties.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden House Senior Living #1
3991 CR 210 West
St. Johns, FL 32259

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 6, 2015 by a representative 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 **06/18/2015** 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. Should you have any questions please call this office at

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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