STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968514	07/15/2015
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIOR LIVING CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 BRISTOL CR KISSIMMEE, FL 34758**	

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

0000 Initial Comments

Re-licensure survey was conducted on . Golden Age Senior Living Care LLC had deficiencies found at the time of the visit.

0004 Licensure - Requirements

Based on observations and interview the facility failed to ensure that a change in the use of space that increased the facility's capacity was not made without prior approval from the Agency Central Office.
Findings:
During the facility entrance conference on at approximately 10 AM the administrator stated the facility census was 5 residents.
Observations during the facility tour on at approximately 10:15 AM noted that one resident 3 beds. The resident #3 had 2 beds.
In an interview with the administrator on at approximately 10:30 AM, who stated she requested capacity increase with the renewal application. She added the Fire Marshall said it was OK for a capacity of 6, the third bed was in that he came to inspect. Three of the 5 facility residents shared the .
Class III

0052 Medication - Assistance with Self-Admin

Based on observations, record review and interview the facility failed to ensure when unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure at all times for 1 of 1 medication passes (#2).
Findings:
Observations on at approximately 12:15 PM during the medication pass noted staff #A assisted resident #2 in the following manner: Staff A obtained the medication from locked medication cabinet. She read the label and the Medication Observation Record (MOR). She poured a pill in a cup and brought it to the resident, who sat in a wheelchair next to her. She told her "I have your medicine". She brought the cup to the resident's mouth and gently poured the pill in the resident's mouth. She then signed the MOR.
In an interview with the staff who assisted with the survey, on / at approximately 6 PM, who offered no comment.
Class III

0080 Training - Core & Competency Test

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Based on interview and record review the facility failed to ensure the administrator (#B) successfully completed the assisted living facility core training requirements within 3 months from the date of becoming the facility administrator. Successful completion of the core training requirements includes passing the competency test.
Findings:
Personnel record review for staff #B revealed she was the administrator and owner since original licensure in 2013. Continued review revealed no evidence to confirm she successfully completed the Core training that included the competency test. A certificate dated 2008 confirmed she attended the 26 hour Core class.
In an interview with the administrator on at approximately 5:30 PM, who stated she needed to take the test and was scheduled to take in the upcoming weeks.

Class III

0082 Training -

Based on personnel record review and interview the facility failed to ensure 1 of 3 sampled staff (#A) attended a one- time training regarding /
(/).
Findings:
Personnel record review on for staff #A revealed she was hired on / . The review revealed no evidence to confirm that he had attended a one- time training regarding
/ (/).
In an interview with staff #A on at approximately 5 PM, who stated she had the training but did not get a certificate.
Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure that a staff member who had a current First Aid certification was in the facility at all times, when the residents were present.
Findings:
Review of the staff schedule revealed that Staff #C worked from 7 PM to 6 AM on
/ and . She was the sole caregiver on those dates and times.
Personnel record review for staff #C revealed there certification with an expiration dated on / . Continued review revealed no evidence to confirm she had current First Aid certification.
In an interview with the administrator on at approximately 5 PM, who stated she was sure the staff had the First Aid training but she did not have a copy of the card.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class

0091 Training - Documentation & Monitoring

Based on personnel record review and interview the facility failed to ensure that personnel records contained certificates, or copies of certificates, of any training required by this rule was documented in the facility's personnel files for 1 of 3 sampled staff (#A).
Findings:
In an interview on at approximately 11:15 AM with staff #A, who stated she had been trained to do her job.
Personnel record review for staff # A revealed she was hired on . Continued review revealed a certificate dated that documented an in-service training regarding, Recognizing , Neglect and , Resident Elopement , Emergency Procedures and Adverse Incident Reporting, ( ) Resident Rights, Control/Universal Precautions, Safe Food Handling Practices. The certificate indicated that a total of 8 hours of in-service were provided. The certificate did not indicate the number of hours for each subject matter, to ensure compliance with the statutory requirement.
In an interview with the administrator on at approximately 5 PM, who stated she was not aware that each in-service needed to indicate the hours of training.
Class

0161 Records - Staff

Based on interview the facility failed to ensure that personnel records for 1 of 3 sampled staff (#A) contained all the mandated documentation.
Findings:
Personnel record review for staff #A hired revealed no evidence to confirm she provided the facility a statement from a healthcare provider that indicated freedom from communicable including ( ). The review revealed a test result dated that indicated freedom from . The report was signed by a CMA (certified medical assistant).
In an interview with the administrator on at approximately 5 PM, who stated she statement was overlooked
Class

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled residents (#2) who received assistance with the activities of daily living had her weight recorded semi-annually.

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Findings:
Resident record review for resident #2 revealed a health assessment dated / that listed diagnoses of , high and eye injury, supervision was needed with all activities of daily living and assistance with self-administration of medication. The assessment did not indicate her weight. An update health assessment dated did not indicate her weight, as well. Continued review revealed a weight log that indicated that from / thru "unable to weigh". A note on the bottom of the form indicated the resident was unable to stand still long enough to set up the scale. The staff was to continue to try to obtain her weight.
In an interview with the administrator on at approximately 5 PM, who stated the resident received assistance with activities of daily living and was unsteady on her feet and the staff were unable to get her weight.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Age Senior Living Care, LLC
533 Bristol Cr
Kissimmee, FL 34758

RE: Relicensure

Dear Administrator:

This letter reports the findings of a 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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