STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	**08/10/2015**
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 HAND AVENUE ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

A change of ownership licensure survey was conducted at Gold Choice Ormond Beach on Deficiencies were identified.

0026 Resident Care - Social & Leisure Activities

Based on record review and staff and resident interviews, the facility failed to provide an ongoing diversified activities program to meet the needs of the residents for 4 of the 10 sampled residents. (Residents # 4, 5, 6 and 8).

The findings include:

An interview with Resident #4 on at 9:50 am revealed there were no activities and there was nothing to do. When asked if there was an activity calendar, he stated "not that he knew".

An interview was conducted with Resident #5 on at 10:15 am. When asked about activities at the facility, she stated there were not any activities. The only thing we do is go the dining meals. She was asked if the staff had consulted with her about what her preferences were or what she would like to do, she stated "no"

An interview was conducted with Resident #6 on at 10:35 pm. She was asked if she attended activities at the facility, she stated she would if they had any.

An interview was conducted with Resident #8 on at 10:54 am. When asked if there were activities offered at the facility, he stated " they don't have any other than sleeping or watching television.

Review of the facility activity calendar for month of 2015 revealed there were only 2 activities listed each day. The schedule for revealed current events was scheduled for 10 am. The activity was not observed. On at 11:05 am an interview with the nurse was conducted. She was asked if any activities were scheduled for today, she stated "I don't know". When asked where was the activity calendar located, she stated she didn't know if they had one. The nurse asked the Environmental Director (ED) if he knew where the activity calendar was located, he stated it was on the bulletin board in library area. The nurse went to review the calendar and stated there was an activity scheduled at 10 am, however she wasn't aware it had taken place. When asked if there was an activity director, she stated she didn't think so. She was asked who conducted the activities with the residents she stated sometimes the marketing director or one of the aides.

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An in interview was conducted with the administrator on / at 2:30 pm. When asked if there was an activity program at the facility she stated they do but participation was limited given the fact that so many of the residents were low functioning. When asked what types of activities were provided for the residents, she stated they like ball toss. The administrator stated now that the census was increasing and more alert residents were being admitted, the facility would start offering more activities.

Class III

0090 Trainina -

Based on employee record review, the facility failed to ensure that new staff receive one hour training on oders ( ) within 30 days of employment for 1 of 4 sampled employees, Employee C.

The findings include:

Employee C was hired as a caregiver on / . Review of her employee record did not reveal training.

The Executive Director on at 1:56 p.m. confirmed Employee C did not have training.

Class III

0161 Records - Staff

Based on employee record review and staff interview, the facility failed to ensure that employees have a job description for 1 of 4 sampled employees, Employee G.

The findings include:

Employee G was hired on / as the Director of Nursing.
Employee G on at 1 p.m. stated that in 2015 she also became the Executive Director of the facility.
Review of the Employee's personnel record only revealed the job description for the Director of Nursing. There was not one for the Executive Director.
Employee G on at 1:00 p.m. confirmed she did not have a Executive Director job description.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0167 Resident Contracts

Based on resident record review and staff interview, the facility failed to ensure that they had an executed contract for 1 of 2 sampled residents, Resident #11.

The findings include:

Resident #11 had a move in date of [redacted]. A contract was signed between the facility and the resident's niece on [redacted]. There was not a power of attorney on file for Resident #11.

The facility's owner was interviewed on [redacted] at 11 a.m. He stated that Resident #11 was in another facility at the time of admission. He was not available so the niece signed the paperwork.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state licensure change in ownership survey that was conducted on , 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. **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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Suprvisor

LW/JM/sm
Enclosure
XG90

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