| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966624 | 11/10/2015 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOLDEN WINGS WENDEL | 3116 WENDEL RD SE MELBOURNE, FL 32909 |

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

**0000 Initial Comments**

A Monitoring visit for Limited Nursing Services (LNS) was conducted on / . Golden Wings Wendell Assisted Living had deficiencies found at the time of the visit.

**0078 Staffing Standards - Staff**

Based on record review and interview, the facility failed to ensure freedom from ( ) was documented yearly for 4 of 4 sampled staff (A, B, C & D).

Findings:

1. Personnel record review for staff A, the owner, revealed a test result dated / / . There was no evidence to confirm freedom from yearly, due 2015.

2. Personnel record review for staff B revealed she was hired in 2005. A test result was dated / / . There was no evidence to confirm freedom from yearly, due 2015.

3. Personnel record review for staff C revealed she was hired . The review revealed a freedom from communicable including dated / . There was no evidence to confirm the staff provided the facility a statement that indicated freedom from yearly thereafter, due and

4. Personnel record review for staff D revealed she was hired in . A test result was dated / . There was no evidence to confirm freedom from yearly, due 2015.

On / at 3 PM, the administrator confirmed the findings.

Class III

**0084 Training - Assis Self-Admin Meds & Med Mgmt**

Based on personnel record review and interview, the facility failed to ensure that 3 of 3 sampled unlicensed staff who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) (B, C & D).

Findings:

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

1. Personnel record review for staff B, revealed the last documentation to confirm that she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF) was dated . There was no evidence to confirm she attended a training yearly thereafter, due and

2. Personnel record review for staff C revealed the last documentation to confirm that she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an ALF was dated / . There was no evidence to confirm she attended a training yearly thereafter, due and .

3. Personnel record review for staff D revealed the last documentation to confirm that she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an ALF was dated / . There was no evidence to confirm she attended a training yearly thereafter, due .

On / at 3 PM, the administrator confirmed the findings.

Class III

**Z815 Background Screening: Prohibited Offenses**

Based on personnel record review and interview, the facility failed to ensure 2 of 4 sampled staff, who required a background screening, did not have any disqualifying offenses and allowed both staff to work before the new screening was completed (C & D).

Findings:

Review of the facility's 2015 staff schedule on / / at 12:45 PM revealed staff C was scheduled to work from 7 AM to 4 PM on / / . Staff D was scheduled to work from 9 PM to 7 AM on / / .

1. Personnel record review for staff C, hired , revealed that a level II background screening was dated / , more than , . The Agency for Health Care Administration (AHCA) background screening web site indicated that on / / at 1 PM, a new screening was required.

2. Personnel record review for staff D, hired , revealed that a level II background screening was dated / , more than , . The AHCA background screening web site indicated that on

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| GOLDEN WINGS WENDEL | 3116 WENDEL RD SE<br>MELBOURNE, FL 32909 |

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

|/ |/ at 1 PM, a new screening was required.

On |/ at 3 PM, the administrator stated she was not aware the screening had expired.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Golden Wings Wendel
3116 Wendel Rd Se
Melbourne, FL 32909

**RE: Limited Nursing Services Monitoring**

Dear Administrator:

This letter reports the findings of a state licensure monitoring 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than _____, 2016.** 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

XG90

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