STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966622	01/21/2016
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIORS OF SUNRISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9811 NW 31ST PLACE** **SUNRISE, FL 33351**	

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

0000 Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted on 1/21/2016 at Golden Age Seniors of Sunrise. The facility had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to ensure 1 of 4 (Staff A) current staff members have a statement from a health care provider that the individual does not have any of signs and symptoms of a communicable based on an examination conducted no earlier than 6 months prior to submission of the statement.

The findings include:

A review of Staff A's personnel record, whose date of hire was , revealed an examination was conducted and a form from a health care provider was signed and dated / , indicating that the individual does not have any signs or symptoms of a communicable .

In an interview conducted on / / at 1:15 PM, Staff A states that she has been employed since in her duties she passes medications, and assists the resident with their activities of daily living.

A review of the facility's posted schedule for the month of 2016 revealed that Staff A works as a caregiver on Wednesdays, Thursdays, and Fridays on the 8 AM- 8 PM shift and is the only staff present during those times.

In an interview with the Administrator on / / at 2:20 PM she confirmed the findings.

Class III

0081 Training - Staff In-Service

Based on record review ,observations, and interview, the facility failed to ensure that all direct care staff members received the required in-service trainings within 30 days of employment, for 1 out of 4 sampled employees' records reviewed (Staff A) .

The Findings Include:

Review of Staff A's (hire date) personnel file revealed the record lacked documentation

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indicating the employee received the required in-service trainings covering :
a) Recognizing/Reporting , Neglect and
b) Safe food handling practices

In observations conducted on / / from 9 AM to 3:00 PM, Staff A was observed assisting residents with ambulation ,transfers , personal care and preparing lunch.
In an interview conducted on / / at 1:15 PM, with Staff A she states that her duties are to provide ADL assistance to the residents and cooking and cleaning. She stated that she cannot recall what trainings she has received at the facility, the trainings would be would be in her file.

A review of the facility's posted schedule for the month of 2016 revealed that Staff A works as a caregiver on Wednesdays, Thursdays, and Fridays on the 8 AM- 8 PM shift and is the only staff present during those times.

In an interview conducted on / / at 2:00 PM with the President and owner of the facility she reviewed the file and confirmed the findings.
In an interview with the Administrator on / / at 2:20 PM she acknowledged the findings.

Class

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the assisted living facility failed to ensure the facility's dietician approved menu was followed at all times .As evidenced by not serving the proper portion size of protein and not substituting items of comparable nutritional value for menu items.

The findings include:

A review conducted on / / at 12:00 PM of the facility's posted dietician approved lunch menu for / / revealed the following menu; Soup du jour (6 oz.), sloppy Joe sandwich (3 oz) lettuce/ tomatoes (1 cup) , tater tots (1/2 cup) ice cream (1/2/cup).
In an observation conducted on / / at 12:00 PM of the facility's lunch meal served to the residents in the dining , the residents were served soup, canned ravioli, lettuce/ tomatoes , 1 slice of bread and a piece of cake . The facility did not serve an appropriate alternative for the starch vegetable or the dairy product.

A review of the facility's dietician approved alternate menu with an effective date of -

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revealed that 8 ounces of canned ravioli may be substituted as the main entree at lunch or dinner. Review of the label of the canned ravioli revealed that the can was a 15 ounce can and each canned served 2, the facility served 4 residents from 1 can.

In an interview conducted on / / at 12:22 PM with the food service designee/owner, she confirmed the findings.

Photographic evidence was obtained.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Golden Age Seniors Of Sunrise
9811 NW 31st Place
Sunrise, FL 33351

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 2016 by a representative from 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 12, 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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