STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965458	03/14/2016
NAME OF PROVIDER OR SUPPLIER **GOLDEN COVE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **918 EGAN DRIVE** **ORLANDO, FL 32822**	

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

0000 Initial Comments

Abbreviated re-licensure survey was conducted on . Golden Cove Assisted Living had a deficiency at the time of the visit.

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observations, record review and interview the facility failed to make sure that: 1. 2 of 2 unlicensed staff (A & B) who assisted residents with self-administration of medications attended a 2-hour class that met the requirements of Section 429.52(5), F.S. and accepted certificates of training was not signed by a Registered Nurse or Pharmacist; and 2. that 1 of 2 unlicensed staff records (A) contained evidence of the required 4- hour medication training prior assuming the responsibility.
Findings:
Personnel record review for staff A revealed a certificate that indicated he attended a 2-hour class regarding assistance with self-administration of medications. The certificate was signed by an individual with the credential MBA. There was no evidence to confirm the trainer was a Registered Nurse or a Pharmacist. The review revealed no evidence the staff attended the required 4- hour training regarding medications, prior to assuming the responsibility. The review revealed he was not a nurse, therefore exempt from the requirement.
Personnel record review for staff B revealed a certificate that indicated he attended a 2-hour class regarding assistance with self-administration of medications. The certificate was signed by an individual with the credential MBA. There was no evidence to confirm the trainer was a Registered Nurse or a Pharmacist. Further review revealed he was not a nurse, therefore exempt from the requirement.
In an interview with the Administrator on / at 2:30 PM, who stated the training was done by a hospice and she did not notice the signature. Staff A was trained but she misplaced the certificate.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Golden Cove Alf
918 Egan Drive
Orlando, FL 32822

RE: Abbreviated re-licensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016, 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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