STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966939	06/02/2016
NAME OF PROVIDER OR SUPPLIER **GOLDEN GIRLS HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15700 SW 102 AVENUE** **MIAMI, FL 33157**	

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

0000 Initial Comments

A Complaint Investigation Survey CCR#2016003493 was conducted on . Golden Girls Home, Inc. (License # 11065) with a Standard license had the following deficiencies found at the time of the survey:

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the facility failed to register three of four employees sampled staff (Staff B,C, and D) in the Background Screening Clearinghouse.

Findings Included:

On at 9:55 AM during record review showed Staff B, C, and D were on the staff schedule as working every day during the month of ; Staff B and C 24/hours, and Staff D from 7:00 PM to 7:00 AM.

On at 10:00 AM Clearinghouse review showed that the facility did not register these employees on the facility's roster.

On at 11:30 AM during the exit conference, the Administrator stated, she tried to put these staff in the clearing house but it has been impossible, and the she had left several messages to AHCA for help but they had not call her back.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on record review and interview the facility failed to perform a new background screening for one out of four (Staff B) facility Staff who had a break in service from a position for more than 90 days.

Findings included:

A review of the Background Screening Website showed, the level 2 background screening for Staff B was dated / , eligible. Personnel record review documented Staff B was hired on .

On at 11:15 AM. The Administrator stated, she did not know that she had to do a new background screening for this staff, but that she was going to do it as soon as possible.

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Unclassified

Z828 Administrative Fines: Violations

Based on observation, record review, and interview the facility exceeded its operating license by providing assisted living services to a total of eight residents while being licensed for six beds.

Findings included:

On at 6:25 AM during the tour was observed Resident #1 was sleeping in # and Resident #2 was sleeping in # . Staff C stated; "these are Daycare participants, but every now and then they stay overnight because the family member cannot come and pick them up". Both residents had their medication and the medication sheets in the facility.
On at 7:11 AM during an interview with Resident #1 stated, I have been living in this facility since last years, and I feel like at home. They feed me and give me my medication every day.
On / at 7:17 AM during an interview with Resident #2 stated, I have been living in this place for a few months not too long, I have a son but he does not come to see me too often.
On at 7:40 AM during an interview with the administrator she stated that she had to admit it; " I know I am over capacity " . These two residents, #1 and #2 started as daycare and then after they like this place so much they wanted to stay in the facility to live and the family members agreed, so I decide to keep them, now I know that I have to discharge them in order to be in compliance with AHCA.
On at 11:15 during an interview with the administrator she stated; she was going to take care of this as soon as possible but she was going to discharge the residents in order to be in compliance with AHCA.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Golden Girls Home, Inc
15700 Sw 102 Avenue
Miami, FL 33157

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 Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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