STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967469	**07/07/2016**
NAME OF PROVIDER OR SUPPLIER **GOLDEN HOUSE SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **102 RAE DRIVE PALM COAST, FL 32164**	

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

0000 Initial Comments

An unannounced Abbreviated Assisted Living Facility survey was conducted on . Golden House Senior Living (License #11494) had licensure deficiencies at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on Activity Calendar review and resident and staff interview, the facility failed to provide activities 6 days, at least 12 hours a week for 4 of 6 sampled residents, Residents #2, #3, #4, and #5 (affecting 2 other residents in the facility).

The findings include:

Review of the 2016 Activity Calendar revealed activities scheduled 1-3 days a week. Today's scheduled activity ( ) was blank. For the week of 3-9th, there were only two scheduled activities, Bible Study from 7-10 a.m. on the 3rd and Bingo 1-2pm on the 6th.

Residents #2, #3, #4, and #5 were sitting eating lunch on at 12:05 p.m. in the dining . They were asked if Bingo was done yesterday per schedule. All stated no, it was not.

The Administrator on at 12:10 p.m. stated she does not post the activity to the calendar until after they do it. She confirmed the Activity Calendar did not have the required hours.

Class III

0054 Medication - Records

Based on record review and staff interview, the facility failed to maintain Medication Observation Records (MOR) for 2 of 6 sampled residents, Residents #3 and #4.

The findings include:

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1. Review of the hospice care plan (/) for Resident #3 revealed a physician order for daily dated . On , the resident's clinical record revealed the was changed to "as needed" for , . This medication was not on the 2016 MOR. The Administrator on at 12:10 p.m. stated there was no other physician orders for this medication and confirmed it was not on the 2016 MOR.

2. Review of the hospice care plan (/) for Resident #4 revealed a physician order for Biscodyl "as needed" for , . Review of the resident's 2016 MOR did not reveal this order. The Administrator on at 12:27 p.m. confirmed this. She stated she does not give any "as needed" medication at this facility so she did not have it on the MOR. The Biscodyl was not discontinued by the physician.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on employee record review and staff interview, the facility failed to have documentation of the initial 4 hour medication training for Employee 1 and failed to have the updated 2 hour training for Employee #3, 2 of 4 sampled employees.

The findings include:

Employee #1 was hired in 2013 as a caregiver who assisted with medication administration. She had the 4 hours of medication training in 2013 but did not have evidence of the annual 2 hour update in medication assistance.

Employee #3 was hired in 2016 as a caregiver who assisted with medication administration. Her file only had documentation of 2 hours of medication training. She did not have documentation of the required 4 hours of training.

The Administrator on at 11 a.m. could not provide any additional documentation.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Golden House Senior Living
102 Rae Drive
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey that was conducted on , 2016 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 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 18, 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure
XG90

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