STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	08/03/2016
NAME OF PROVIDER OR SUPPLIER **GOLDEN YEARS FOR THE ELDERLY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 SW 19 TERRACE MIAMI, FL 33175**	

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

0000 Initial Comments

An Abbreviated Biennial survey was conducted on , 2016. Golden Years For The Elderly Corp (License # 9923) had the following deficiencies at time of the survey:

0054 Medication - Records

Based on record observation , record review and interview the facility failed to maintain the Medication Observation Record ' s (MOR) changes in writing for one of three sampled (# 1) residents.

Findings included:

Observation on at 9:30 am Staff B showed the following medications in the facility:

15 mg
50 mg
Metropolol 25 mg
400 mg.

Record review on revealed that Resident #1 ' s MOR reflected one medication (400 mg).

Record review revealed that Resident #4 had his medication (0.3 eye drop) initialed as given on / and ; however, it was not initialed (blank) on / .

Interviewed on at 9:30 a.m. Staff B stated, " Resident #1 had all those medications that are in her medication container, this morning, at 7:00 am. I do not sign on the MOR because they [medications] are not on it yet, but she took all her medications. "

Interviewed on at 1:00 pm Staff A stated, " Resident #1 ' s MOR needed to be completed. Also, Staff A confirmed that it was necessary to document if the resident refused the medication and/or if the doctor discontinued the used of it.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation, record review and interview the facility failed to ensure over the counter (OTC)

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medications was properly labeled with the resident's name for one of six sampled resdients (Resident #1).

Findings included:

Observation on at 9:30 am revealed that there was two bottles of Over the Counter medications (and Liquid) in the medication cabinet. The two bottles were unlabeled.

Record review on revealed that Resident #1 ' s Medication Observation Log did not have administration of B indicated.

Interview on at 9:30 am Staff B stated, " I know that Over the Counter medication needed to be labeled; however, I forgot; it belonged to resident #1, her family brought them. "

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and interview the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for two out of three (A and C) sampled staffs.

Findings included:

Record review revealed Staff A did not have documentation of the initial 4 hours of education training on providing assistance with self-administration of medications in file a time of survey.

Record review revealed Staff C did not have documentation of a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications in file a time of survey.

Record review revealed Staff A signed the Medication Observation Record (MOR) for Residents 1-5.

Interviewed on at 1:00 pm revealed Staff A and E stated that Staff C sometimes assisted with self-administration of medication to the facility ' s Residents.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

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Based on observation and interview the assisted living facility failed to provide a safe living environment and an environment free of hazards.

Findings included:

During the facility tour on at 9:15 am revealed the backyard had three panels of wood (construction debris) against the wall next to the seating area. Also, there was an electrical connection with no cover, and the wall needed to be painted.

Interview on at 1:00 pm revealed Administrator stated, " I will fix that. "

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on record review and interview, the facility failed to report an incident after the occurrence of an adverse incident for one of five (#3) residents sampled.

Findings included:

A review of the discharge instructions from the Hospital dated for admission on / stated that Resident #3 had a right lateral leg on / .
A review of the AHCA Form 1823 (health assessment) for Resident #3 ' s showed that a diagnosis done by hospital on stated, " Left Pubic , fx, sacral ALA Fx Partial weight Beaming Left Lower Extremity " Also, Form 1823 stated that resident #3 had decreased ambulation; decreased ADL Function and decreased strength and Endurance. Form 1823 further showed that the resident needs 1 Injection daily for Right Lateral Lower Leg.
A review of Resident #3 ' s Progress notes for / stated that resident was hospitalized on / to when she was transferred to a Rehab Center. She was hospitalized because she was complaining of a lot of pain. Then, at the hospital the Doctor Diagnosed as broken hips.
Interviewed on at 10:58 am Staff A stated, " Resident #3 was hospitalized two months ago due to a "
Interviewed on at 11:02 am Staff A and Staff B stated that Resident #3 had a in her pelvic area, and she had no surgery, but she went to the hospital and rehab.
Interviewed on at 12:02 pm Staff A stated, " I did not write an incident report internally or to AHCA because we did not know that she had that until she starts to complaint of pain and we took her to the doctor.
Interviewed at 12:07 pm Resident #1 stated, " I in the , and staff helped me to stand up, and it

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was painful. She also stated, " I had a pelvic , and I went to the hospital. "

Interviewed on at 2:48 pm Participant #1 stated, " Yes, my mother in the facility two times. The first time she did not say anything or could not explain where she was hurt; however, the second was at night time and due to that , she went to the Hospital, and she had a in her hip. I go frequently to [ ], but I remember the exactly date that I went was on ; I am involved in everything regarding my mother. I have no complaint of the facility; however, my mother in the facility. "

Class III

L243 LMH - Training

Based on record review and interview the facility failed to ensure that one of three staff (C) sampled have the 3 hours of continuing education in limited mental health every 2 years.

Findings Included:

Record review showed that Staff C had 8 hours of limited mental health training dated on . However, the facility did not have documentation for the 3 hours of limited mental health update training.

The Administrator stated on at 1:10 pm that she had been checking all the employees training to make sure that they were completed, and that she could not understand why Staff C did not have her limited mental health training update yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Golden Years For The Elderly Corp
13184 Sw 19 Terrace
Miami, FL 33175

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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