STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968514	**04/05/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIOR LIVING CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 BRISTOL CR** **KISSIMMEE, FL 34758**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . Golden Age Senior Living Care (license #12378) had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to ensure the Integrated Plan of Care for a hospice resident (#2) was maintained in the resident's file.

Findings:

Review of the record for resident #2 revealed she was receiving Hospice care. Notes from hospice visits were in the record. The hospice logbook was reviewed. However, the Integrated Place of Care between the hospice provider and the facility was not found.

In an interview with the administrator on at 2:30 PM, she stated she had looked everywhere and could not locate the form. The administrator contacted the hospice provider. They were also unable to locate it, and said the nurse who had access to the form was on a cruise. No one in the hospice office was able to provide the form to the facility.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to obtain an annual statement from a health care provider that documented freedom from ( ) for 1 of 5 sampled Staff (D).

Findings:

Personnel record review for Staff D, caregiver hired , revealed a negative statement dated . There was no statement from a provider for 2016 or 2017.

In an interview with the administrator on at 3:30 PM, she said she did not realize it had been more than a year for Staff D and would make sure to have her obtain an updated statement.

Class III

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NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIOR LIVING CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **533 BRISTOL CR** **KISSIMMEE, FL 34758**	

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

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure that one staff member who held a currently valid card that documented the completion courses in First Aid was in the facility at all times.

Findings:

Personnel record review for Staff D, caregiver revealed a certificate for First Aid training with an expiration date of . Staff D was scheduled to work alone on from 7 PM to 7 AM.

In an interview with the administrator on at 3:30 PM, she stated she believed Staff D had taken a First Aid course recently. After contacting the employee, she received a text with a photo for a "Basic Life Support" card. First Aid was not covered in the training. Staff D told the administrator that she did not have any other recent training.
The administrator instructed Staff D to sign up for a training immediately before returning to work at the facility. The administrator scheduled another staff member to cover the 7 PM to 7 AM shift that night.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to ensure substitutions were before or when the meal was served and kept on file for 6 months.

Findings:

Review of the menus and substitution list revealed that no substitutions were noted since , 2016.

In an interview with the administrator on at 1:30 PM, she stated that they tried to keep to the menu as much as possible and not use substitutions. She did say they did make changes for the holidays, but failed to note them on the substitution list.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, record review and interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 2 of 5

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

sampled staff employees (Staff C & D).

Findings:

Review of the Agency's Background Screening website for 5 sampled staff revealed Staff C was hired on [redacted] and Staff D was hired on 11/[redacted]. Both staff were not listed on the background clearinghouse for the facility.

In an interview with the administrator on [redacted] at 3:30 PM, she reviewed the roster and confirmed Staff C and D were not on the list.

Unclassified