

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968053	(X3) DATE SURVEY COMPLETED 04/27/2017
NAME OF PROVIDER OR SUPPLIER GOLDEN HOUSE SENIOR LIVING #1	STREET ADDRESS, CITY, STATE, ZIP CODE 3991 CR 210 WEST ST JOHNS, FL 32259	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments A abbreviated licensure survey was conducted at Golden House Senior Living #1, (Lic. 12021) on 27, 2017. Deficiencies were identified.		
0152 Physical Plant - Safe Living Environ/Other Based on observations and staff interview the facility failed to provide a safe living environment free from hazards for 6 of 7 sampled Residents (Resident #1, #2, #4, #5, #6, and #7). The findings include: During the tour of the facility a opened can of powdered bleach cleanser was observed sitting in the hallway by the residents, and was accessible to any resident that entered the On at 12:41 PM an interview was completed with Employee B (Med Tech/Resident Caregiver) and she stated that Resident #2 ambulates on her own and uses the , herself. Employee B was then asked what other residents are ambulatory, and would have access to go into that she stated Resident #1, Resident #4, Resident #5, and Resident #6. Employee B was then asked about the cleaner sitting in reach of the residents in the (Photographic evidence obtained) and Employee B stated "Oh no, that should be put up, that shouldn't be there". Employee B picked up the container and some hand soap that was sitting behind it and removed it from the Class III		
0160 Records - Facility Based on Record Review and Interview, the facility failed to maintain up to date records related to the schedule or employees and hours worked for the preceding 6 months. The findings include: Review of the facility's schedule was completed on The schedule did not show the times employees worked, and was not filled in for the months prior to the		

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current month. The Administrator was asked at 1:22 PM on , and she confirmed the incomplete schedule, acknowledging it needed to be filled in completely. Class III		