

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 11/20/2017  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966939</b>             | (X3) DATE SURVEY COMPLETED<br><br><b>10/26/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GOLDEN GIRLS HOME, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>15700 SW 102 AVENUE<br/>MIAMI, FL 33157</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                         |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A Standard Biennial Survey was conducted on . Golden Girls Home Inc., licence # 11065 had the following deficiencies at the time of survey:</p> <p><b>0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC</b></p> <p>Based on observation and interview, the facility failed to ensure that all existing architectural and structural systems were maintained in good working order.</p> <p>Finding included:</p> <p>On at 9:30 A.M. observed that facility had a blue plastic tarp/cover on the roof. The living had stained spots that appeared to have been caused by water leakage.</p> <p>During an interview on at 2:00 P.M., the Administrator stated "I did contact the insurance appraiser and I filed a claim to be repaired."</p> <p>Class III</p> |                                                                                         |                                                     |