STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	**11/15/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5970 NW 3 STREET** **MIAMI, FL 33126**	

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

0000 - Initial Comments

A Resident Wellness Survey was conducted on 11/ and concluded on . Golden Age Assisted Living Corp (license #12292) had the following deficiencies identified at time of the survey:

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and interview the facility failed to maintain the daily medication observation record (MOR) for one out of seven (Resident #7) sampled residents.

Findings included:

On at 9:27 AM Staff B brought three containers of medications that belonged to Resident #7 (100 mg, , 50 mg and , 1 mg).

Review of medication observation records showed the facility failed to have a record for Resident #7.

Interview on at 9:27 AM Staff C stated, "Resident #7 lives with her granddaughter. She slept in the facility yesterday because her granddaughter was at the hospital. I assisted her with medications in the morning, today. I kept her medications in another place. I do not have a MOR for her."

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview the facility failed to have medications properly labeled for one out of seven (Resident #7) sample residents.

Findings included:

On at 9:27 AM Staff B brought three containers of medications that belonged to Resident #7 (100 mg, , 50 mg and , 1 mg).

Interview on at 9:30 AM, Staff C acknowledged that the , 1 mg did not have resident's name in the bottle.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	**11/15/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5970 NW 3 STREET** **MIAMI, FL 33126**	

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

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain an accurate written work schedule that reflected its 24 hour staffing pattern.

Findings included:

Observation on at 9:00 AM showed Staff B was in care of the residents and providing personal services to them.

Staffing schedule review showed Staff A was scheduled to be at the facility from 9 AM-6 PM, Staff B was scheduled to be in the facility 7 PM- 7 AM, and Staff C was scheduled to be in the facility from 7 AM-7 PM.

Interview on at 9:25 AM Staff C stated, "I am alone in the facility. Staff A did not come to work today because she had a personal emergency."

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and interview the facility failed to have an accurate admission and discharge log for one out of seven (Resident #7) sampled residents.

Findings included:

During the facility tour on at 9:00 AM, seven residents were observed in the facility.

Record review of the facility's Admission and Discharge log revealed only six residents' names were listed. Residents # 7 was marked as daycare participant.

Interview on at 9:27 AM, Staff B stated, "Resident #7 live with her granddaughter. She slept here yesterday because her granddaughter was at the hospital."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968393	**11/15/2017**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE ASSISTED LIVING FACILITY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **5970 NW 3 STREET MIAMI, FL 33126**	

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

Z828 - Administrative Fines; Violations - 408.813(3) FS

Based on observation, record review, and interview the facility failed to obtain a licensure capacity increase prior to providing personal care and meals to a census of seven residents. The facility provided services to residents outside the current license capacity of six.

Findings included:

Facility tour conducted on at 9:00 AM showed there were seven residents in the facility. # had Residents #5 and #7, # had Resident #3, # had Residents #2 and #4, # had Resident #1 and #6.

Review of the Admission/Discharge log showed Resident #7 was marked as daycare participant.

On at 9:27 AM Staff B brought three containers of medications that belonged to Resident #7 (100 mg, , 50 mg and , 1 mg).

Medication reconciliation showed the facility assist Resident #1, #2, #3, #4, #5, #6, and #7 with self-administered medications.

Interview on at 9:27 AM Staff B stated, "Resident #7 live with her granddaughter. She slept here yesterday because her granddaughter was at the hospital."

Unclassified