STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966622	12/28/2017
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE SENIORS OF SUNRISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9811 NW 31ST PLACE** **SUNRISE, FL 33351**	

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

0000 - Initial Comments

An unannounced relicensure with Extended Congregate Care (ECC) was conducted on at Golden Age Seniors of Sunrise, License #10786. There were deficiencies during the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review, and interview the facility failed to ensure all residents received an evaluation by a health care provider within 60 days prior to admission for 1 of 2 sampled residents (Resident #2).

The Findings Included:

On 10:10AM, a resident record review was conducted of Resident#2's record which revealed Resident#2 was admitted to the facility on and at the time of the record review, there was no Agency for Health Care Administration Health Assessment (AHCA Form 1823) on file. During an interview with the designee at this time she stated the resident was transferred from another facility and they did not receive the AHCA Form 1823. At this time the Designee was provided an opportunity to request the most current AHCA Form 1823 from former facility. Further review revealed no current AHCA Form 1823 in the residnets file.

During an interview on at approximately 1:30PM, the Administrator and the Designee, they acknowledged the findings and provided no additional documentation for review.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview the facility failed to ensure that all staff members followed the proper procedure when assisting with self administration medications, for 1 of 1 sampled staff (Staff D) and for 1 of 1 sampled residents (Resident #2).

The Findings Included:

On at 12:16 PM, medication pass was conducted with Staff (D-Med Tech). Staff D did not wash her hands prior to handling the medication. Staff D reviewed the MOR for Resident#2's meds which were the following: Carb-levo 25-250 Tablet - take 1 tablet four times a day and Lorazapam - 1mg tablet to be given 1 tablet three times a day. Staff D took the medication container to the resident and stated the names of the medications to the resident and placed the medications in the resident's hand. She watched the resident swallow the medication and signed the MOR immediately.

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

During an interview with the Administrator and the Designee, they acknowledged the findings.

Class III

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

Based on observation , record review and interview, the facility failed to ensure all resident Medication Observation Records (MOR) are signed immediately when medication has been given or refused, for 1 of 2 sampled residents (Resident #2).

The Findings Included:

On at 12:10AM a audit of Resident#2's MOR's for through , 2017 and revealed on there were no signatures on the 8:00AM time slot for medications given. Further review revealed a order on Resident#2's MOR for Milk of 30mg Daily for through had a line marked through the dates. During an interview with the Designee at this time, she stated the resident refuses to take the Milk of . She acknowledged the refusal is not documented on the MOR's.

On at approximately 1:00PM, the findings were discussed with the Administrator and Designee. They acknowledged the findings and provided no additional information for review.

Class III

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

Based on record review and interview, the facility failed to update and maintain all employees in the Agency for Health care Administration (AHCA) background screening clearinghouse roster for 1 of 4 sampled staff (Staff C).

The Findings Included:

An employee record review was conducted of Staff C's record which revealed, Staff C's hire date as and was added to the AHCA background screening clearinghouse roster. Review of the current staffing schedule documented Staff C a being an employee. At this time, an interview withe the designee, revealed Staff C was terminated on . Further review of the AHCA clearinghouse roster revealed Staff C 's end date was not updated to reflect Staff C no longer worked at the facility, within 10 days of separation.

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

During an interview on at approximately 1:00PM, an interview was conducted with the designee and Administrator and they acknowledged the findings.

Unclassified