

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968393	(X3) DATE SURVEY COMPLETED R 01/09/2018
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 Complaint Survey (CCR#2017014049) Revisit was conducted on 01/09/2018. Golden Age Assisted Living Facility Corp. (AL #12292) had a deficiency identified at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to submit a one day and the 15 days incident report to the agency for 1 of 5 sampled residents that sustained a fall and had to be transferred to the hospital (Resident #5).

Findings included:

On 01/09/2018 at 9:13 AM Staff A stated that Resident # 5 had a fall on 01/09/2018 and he complained of pain on the right leg which he usually complained of due to right side osteoarthritis. Rescue was called and they took him to hospital for right knee pain and pain. Resident #5 was discharged on the same day and the diagnosis was osteoarthritis. Resident #5 was prescribed pain medication for a 14 day supply. Then in the following days he kept complaining off the right side pain. Then, Staff B observed that he was not able to stand on the right leg and Staff A called his primary physician who sent the Advanced Registered Nurse Practitioner to see him. She observed the sign of the hip osteoarthritis that was the leg rotated to the outside and pain. A X-Ray was done and there was a chronic osteoarthritis of the right hip. Resident #5 was sent to the hospital but they did not perform surgery because it was a chronic osteoarthritis. Resident #5 was discharged to rehabilitation.

Review of the incident report database the facility did not submit a one day nor a 15 days incident report regarding Resident #5 fall and injuries.

On 01/09/2018 at 9:30 AM Staff A stated that she did not submit an incident report because she thought that it was not necessary but that she will do it right away.

Class III