

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966939	(X3) DATE SURVEY COMPLETED R 02/13/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN GIRLS HOME, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 15700 SW 102 AVENUE MIAMI, FL 33157	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments - A Standard Biennial Survey revisit was conducted on _____ through _____ Golden Girls Home Inc., license # 11065 had the following deficiency at the time of survey: 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to ensure that all existing architectural and structural systems were maintained in good working order. Finding included: On _____ at 12:10 P.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. During an interview on _____ at 12:21 P.M., the Administrator stated "I contacted the office for an extension since the home insurance is taking too long to pay the claim." During a telephone interview on _____ around 2:00 PM, the Administrator was advised that she had received the extension already. She stated that she thought the roof would be repaired soon, and that she would contact the same company that inspected the roof in _____ to make sure that there was no mold, to ask them to reinspect to ensure that no mold had developed in the last several months. A review of the 'Dry-Log Report' from a local restoration company dated _____ showed that the relative humidity in the living _____ of the facility was 47%, and no mold growth was identified. According to literature from the Centers for _____ Control, mold growth can be minimized by keeping humidity levels as low as possible, no higher than 50%. Uncorrected Class III		