STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968623	02/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RETREAT 2 ASSISTED LIVING FACILITY	**9465 LONGMEADOW CIRCLE BOYNTON BEACH, FL 33436**

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Golden Retreat 2 Assisted Living Facility LLC, License #12488. There was a deficiency at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the facility failed to ensure that all conditions were met for a ill resident who no longer meets the criteria for continued residency for 2 of 2 sampled residents (Resident#1 and Resident#2).

The Findings Included:

On at 10:20AM, a record review was conducted on Resident#1's chart, who was admitted to the facility . A review of the Agency for Health Care Administration Health Assessment (AHCA Form 1823) dated revealed, Resident#1 has a medical history of . The residents is non ambulatory and ambulates with a wheelchair. The resident requires assistance with ambulating, bathing, , and transfer. He requires supervision with dressing and toileting. Further review revealed Resident#1 was admitted to Hospice on , and there is no initial documentation of a Interdisciplinary Care Plan (IDCP) on file, specifying the services being provided by hospice and those being provided by the facility. At this time the Administrator was provided an opportunity to locate the document. Hospice faxed over documents, but did not provide the initial IDCP.

On at 10:30AM, a record review was conducted on Resident#2's chart, who was admitted to the facility on . A review of the Agency for Health Care Administration Health Assessment (AHCA Form 1823) dated revealed, Resident#1 has a medical history of : . The residents is non ambulatory and requires total assistance with ambulation, , bathing, dressing, toileting and transferring. She also requires assistance with eating. Further review revealed Resident#2 was admitted to Hospice on , and there is no initial documentation of a Interdisciplinary Care Plan (IDCP) on file, specifying the services being provided by hospice and those being provided by the facility. At this time the Administrator was provided an opportunity to locate the document. At this time the Administrator was provided an opportunity to locate the document.

During an interview with the Administrator and owner on at 12:45PM, they acknowledged the findings and provided no additional documentation for review.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968623	**02/26/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RETREAT 2** **ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **9465 LONGMEADOW CIRCLE** **BOYNTON BEACH, FL 33436**	

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

Class III