

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967463	(X3) DATE SURVEY COMPLETED R 03/01/2018
NAME OF PROVIDER OR SUPPLIER GOLD COAST LOVING CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5517 HAYES STREET HOLLYWOOD, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A monitoring revisit inspection was conducted on . . . at Gold Coast Loving Care, Inc., License #11493. The facility was not found to be in compliance during this visit. 0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC Based on record review and interview, the facility failed to have a complete and accurate Resident Health Assessment (AHCA Form 1823) for 2 out of 2 sampled residents (Residents #3 and #4). The findings are: Review of resident #3's health assessment dated on . . . indicated that the resident was diagnosed with . . . and . . . , and needed total assistance with all of her activities of daily living (ADLs). Further review of this health assessment indicated that the resident needed medication administration with her daily medications. Review of the resident's medication observation record dated from . . . to . . . indicated that the resident received assistance with self-administration of her medications by an unlicensed staff member. Review of resident #4's health assessment dated on . . . indicated that the resident was diagnosed with . . . and needed total assistance with her ADLs, including assistance with eating. Review of this health assessment indicated that the resident needed medication administration with her daily medications. Further review of this health assessment indicated that the physician did not comment to the extent and type of eating assistance the resident needed. Review of the resident's medication observation record dated from . . . to . . . indicated that the resident received assistance with self-administration of her medications by an unlicensed staff member. In an interview with the administrator on . . . at 1:05pm, she stated that the health assessments for residents #3 and 4 were not completed accurately and she did not consult with residents' physician to ensure they were both completed. Class III		