STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966622	R 03/20/2018
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 revisit to the Re-licensure Survey with Extended Congregate Care (ECC) was conducted on at Golden Age Seniors of Sunrise, License #10786. There was an uncorrected deficiency at the time of the survey.

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 2 of 6 sampled staff (Staff E and Staff F).

The findings included:

Review of the schedule during the Revisit Survey conducted on 3/20/2018 it was noted that Staff E (hire date 2/15/2018) was not on the schedule for the day, nor on the Background Screening Clearinghouse Roster. Further review of the staffing schedule revealed that Staff F (hire date unknown) was observed on the schedule for through from 8 pm-8 am and also noted not to be on the Background Screening Clearinghouse Roster.

During an interview with Staff E at 10:20 AM on it was reported that she had been working at the facility for about a month now, and that Staff F was also recently hired . It was further noted that Staff E and F both provide direct care to the residents.

During an interview with the Owner at 11:00 AM on , the findings were discussed and acknowledged, no further information was provided for review.

Unclassified and Uncorrected