STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967764	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN AGE FAMILY HOME II, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15962 SW 81 STREET** **MIAMI, FL 33193**	

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

0000 - Initial Comments

An Abbreviated Biennial Survey was conducted on . . . , 2018. Golden Age Family Home II, Inc. with limited mental health component and license #11817 had the following deficiencies identified at the time of the survey:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the Assisted Living Facility (ALF) failed to appoint a Manager for each facility.

Findings included:

Review of the Florida Health Finder database revealed the Administrator supervised two Assisted Living Facilities (ALFs).

Review of facility's record revealed that the Administrator did not appoint a manager for present facility.

In an interview on . . . . at 9:44 AM, the Administrator revealed that s/he supervised two Assisted Living Facilities and had the same manager for both facilities.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of five sampled staff knew what a ( ) was (Staff C).

Findings included:

A review of Staff C's employee file revealed the staff was hired on . Staff C received training on . . . . . .

In an interview on . . . . . at 1:38 PM Staff C stated, "I called 911 anyway. I will give the . (explained 30 compressions and 2 breath) until rescue arrive and will give the ."

Class III

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