AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 07/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969083	**06/19/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HC GOLDEN AGE ALF, CORP	**15295 PALMETTO LAKE DR** **MIAMI, FL 33157**

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . HC Golden Age ALF Corp. License #12915 had the following deficiencies identified at the time of survey:

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and interview, the facility failed to ensure that 2 out of 4 sampled staff had a completed application with references (Staff A and B).

Findings included:

A review of Staff A's employee file revealed Staff A was hired on and there was no application in the employee file.

A review of Staff B's employee file revealed Staff B was hired on and there was no application in the employee file.

On at 1:25 AM Owner stated "I have not completed the application for the Administrator and myself. I will have them completed for the next inspection."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review and interview, the facility failed to have a current half bed rail order for 1 out of 2 sampled residents.

Findings included:

On at around 9:05 am. observed that Resident #1's bed had half bed rails.

A review of Resident #1's filed showed the last order for half bed rails was dated , 2017.

On at 1:32 PM Owner stated "Resident #1's daughter is pending to take him to the doctor, I will ask her to get the resident a current bed rail order."

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