STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	**07/02/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN YEARS FOR THE ELDERLY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 SW 19 TERRACE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

An Abbreviated Biennial survey was conducted on , 2018. Golden Years For The Elderly Corp. (License # 9923) with Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on observation, record review and interview the facility failed to have an accurate health assessment for two out of five sampled residents (# 1 and # 5).

Findings included:

A review of Resident # 1's record revealed she was receiving hospice services since . A health assessment completed after the resident was admitted to hospice had no date of completion. The height and weight on the assessment were blank and did not specify the type of assistance the resident needed for activities of daily living; stating only "hospice care."

On at 10:05 AM observed Resident # 1 transfer to the living a wheelchair. She was able to stand up and transfer from the wheelchair to the armchair with assistance from Staff B. At 12:10 PM observed Resident # 1 eating lunch on her own.

On at 12:10 PM Staff B stated that Resident # 1 required total assistance with ambulation, , bathing and toileting, supervision for eating, and assistance with dressing and transferring.

A review of Resident # 5's record revealed that he was receiving hospice services since . A health assessment was completed on and stated that the resident required total assistance with activities of daily living.

On at 12:35 PM observed Resident #5 standing up from the armchair with the assistance of Staff B. The resident was able to assist with transfer to the wheelchair, then he stood up and transferred with assistance to the dining . He was observed feeding himself lunch.

On at 12:40 PM, the Administrator stated that Resident # 5 was able to assist with transfer and able to feed himself.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	**07/02/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN YEARS FOR THE ELDERLY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 SW 19 TERRACE** **MIAMI, FL 33175**	

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

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to update annually the Community Living Support Plan and , Agreement for one out of five sampled residents (# 4).

Findings included

Review of admission and discharge log revealed that Resident # 4 was identified as a limited mental health resident.

On at 11:20 AM, the Administrator stated Resident # 4 was receiving and had a diagnosis of , .

A review of Resident # 4's record revealed that the , Agreement and Annual Community Living Support Plan was completed on .

On at 1:37 PM Staff B stated that she had to send the form to the doctor to have a new one done because the doctor did not have the form at the office.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	**07/02/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN YEARS FOR THE ELDERLY CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **13184 SW 19 TERRACE** **MIAMI, FL 33175**	

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

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that a new hired staff that had a break in service of more than 90 days in a position that requires screening by a specified agency submit a new level II background screening prior to star working for one out of four sampled staff (Staff D).

Findings included:

A review of Staff D's personnel record revealed she was hired on . . . . . and that her level II background screening was completed on . . . . . . The record further revealed that Staff D stopped working at the facility on . . . . . and started to work again on . . . . . (93 days).

On . . . . . Staff D stated at 12:15 PM that during that 93 days, she had gone to Cuba.

Unclassified