

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968393	(X3) DATE SURVEY COMPLETED 07/31/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ASSISTED LIVING FACILITY CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 5970 NW 3 STREET MIAMI, FL 33126	

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

0000 - Initial Comments

A Biennial Relicensure Survey was conducted on and concluded on Golden Age Assisted Living Facility Corp with license # 12292 had deficiencies identified at the time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review, and interview, the facility failed to have a signed consent for the use of full bed rails for two out of six sampled residents (Resident #1). Also, the facility did not have proof that a financial statement was given to six of six sampled Residents or their family members/ POA (Residents #1-6).

Findings included:

On during the facility's tour at 6:09 AM Resident #1 and #2 were observed in hospital bed with full side rails.

A review of Resident #1's file on revealed that there was an order for hospital bed with full rails dated in file. A review of Resident #2's file revealed that there was an inform consent to the use of half bed rails in file dated and an order for half bed rails in file dated

During an interview on at 2:11 PM, Staff D acknowledged the findings. Staff D added "the family pay with check, I don't give them a receipt. I have to ask the Owner. I have not seen any receipt. Anyway, I have to ask the Owner. This the first time I'm hearing about financial statement."

On at 4:42 PM, Staff D sent an email with attachment of the payment receipt for the residents with a note stating "Regarding the resident financial statements, please, find attached the residents' ALF monthly payment receipts, so you can verify the way the family members pay for the ALF monthly services. Even though we understand this could be a deficiency anyway; we want you to know today the family receive a monthly receipt. We because it was not place at the resident chart; only the owner had this record."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep all medications in a locked cabinet; locked

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cart; or other locked storage receptacle, , or area at all times. Findings included: During the facility tour on at 06:09 AM, an unlocked and unlabeled prescribed medication " Gel 1 %" was found in the #. During an interview on at 6:16 AM Staff B stated "this medication is for Resident #1". In the kitchen Cabinet were found 1 container labeled , a pack of Eutirox 100 mg, a container of Vit C 1000 mg, a container of Madre Celi Plus, and a Container of Xnatum Fructus/Phylantus Niruri 1000 mg. In the kitchen's drawer were found a pack of Dipfenhidramide 25 mg, tablets, and two pills. At 6:24 AM on Staff B said "these are my medications for my ,." Class III 0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC Based on observation and interview, the facility failed to have properly labeled all prescriptions drugs. Findings included: During the facility tour on at 06:09 AM, an unlabeled prescribed medication " Gel 1 %" was found in the #. During an interview on at 6:16 AM Staff B stated "this medication is for Resident #1". In the kitchen Cabinet were found two unlabeled prescriptions: 1 container labeled and a pack of Eutirox 100 mg. Also, in the kitchen's drawer were found a pack of Dipfenhidramide 25 mg. At 6:24 AM on Staff B said "these are my medications for my ,." Class III		

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0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC Based on observation and interview, the facility failed to keep all Over the Counter (OTC) medications labeled and stored in a locked container or secure _____ a central location within the facility and with a notice that the medication is part of the facility's stock supply. Findings included: During the facility tour on _____ at 06:09 AM, the following unlabeled and unlocked OTC were found in the kitchen: a container of _____ C 1000 mg, a container of Madre Cell Plus, a Container of Xnatum Fructus/Phylantus Niruri 1000 mg, and a container of _____ tablets; a bottle of Milk Of _____ and _____ were found in the refrigerator. At 6:24 AM on _____ Staff B said "these are my medications for my _____." Class III		
0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC Based on record review and interview, the facility failed to provide to four out of six sampled staff (Staff A, B, C, and F) a minimum of 6 hours training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. Findings included: A review of the facility's personnel on _____, revealed that Staff A received 4 hours training providing assistance with self-administered medications and safe medication practices on _____ and 2 hours on _____; Staff B received 4 training on _____ and 2 hours _____; Staff C received 4 hours training on _____ and 2 hours _____ and Staff D received 4 hours training on _____ and 2 hours _____. During an interview on _____ at 2:11 PM, Staff D stated "Oh the 6 hours medication training is already implemented. I know I have it, but I don't think the rest of the staff have it." Class III		
0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC		

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Based on observation, record review, and interview, the facility failed to follow the posted menu. Findings included: On at 12:15 PM Lunch observed: the residents were served spaghetti with meat, bread, white rice, tomato, and fruit. A review of the facility's menus on revealed that the menu for the day was "Spaghetti 1 cup and meat sauce 4 oz, tomatoes ½ cup, dinner roll 1, mixed salad 1 cup, salad dressing 1 t, fruit cup ½ cup." No substitutions were posted and the residents were not served salad and dinner roll. During an interview on at 2:11 PM, Staff D stated "okay, they were missing the salad." Class III		