STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967463	**09/11/2018**
NAME OF PROVIDER OR SUPPLIER **GOLD COAST LOVING CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5517 HAYES STREET** **HOLLYWOOD, FL 33021**	

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

0000 - Initial Comments

An unannounced Re-licensure Survey was conducted on . . . . . at Gold Coast Loving Care ALF, Inc., License #11493. The facility had a deficiency identified at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on employee record review and staff interview, the facility failed to document/or provide verification of Staff Training (In-Service) for one (1) of three (3) employees reviewed (Employee #3).

During record review conducted on . . . between 2:10 PM and 2:40 PM, it was revealed that the facility record for employee #3; who was hired on , did not contain that following:

a) Resident's Rights
b) . . . Control

During the Exit interview conducted with the Administrator on between 3:30 PM and 3:40 PM, this surveyor shared with her the findings of the survey, specifically the trainings mentioned above. Administrator reviewed the employees file and was unable to locate documentation of the training, and acknowledged the findings.

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