

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967327	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ALF V, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7861 NORTHWEST 175 STREET HIALEAH, FL 33015	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on Golden Age ALF V, LLC had the following deficiencies identified at time of the survey:

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28() FS 429.27

Based on observation and interview the facility failed to provide privacy for one out of six (resident #1) sampled residents who was receiving morning care.

Findings included:

On 18 at 9:10 AM, # 's door observed open where Staff B was providing morning care to Resident #1. Resident was observed on her bed naked.

Review of the residents Bill of right stated, "residents of the facility has the right to be treated with consideration and respect."

On at 4:00 PM the assistant administrator stated, "I talk to Staff B about it."

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and record review the facility failed to ensure that only licensed staff administer medications to one out of six sampled residents (Resident #2).

Findings included:

Medication pass on at 12:56 PM found Staff C punched a tablet (. 1 mg tablet) into a cup , then poured the medication into the residents and handed Resident #1 a cup of water.

Personnel record review revealed Staff C, hired , was not a licensed staff member.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967327	(X3) DATE SURVEY COMPLETED 11/27/2018
NAME OF PROVIDER OR SUPPLIER GOLDEN AGE ALF V, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 7861 NORTHWEST 175 STREET HIALEAH, FL 33015	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on observation, record review, and interview the facility failed to maintain the medication observation record for six out of six (# .) sampled residents. Findings included: On . at 9:20 AM review of medication book found none of the 7 AM medications were initialed as given. Reconciliation of the medication found the 7 AM medications were not in the . packs for . and were given to each resident. Interviews completed with Resident #1, 2, 5, and on . from 1:00 PM to 2:15 PM confirmed they received their medication in the morning. On . at 4:00 PM Staff B acknowledge shed had not sign the medication record after giving residents the medication in the morning. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on observation, record review, and interview the facility failed to provide access to facility records during the survey process. Findings included: Observation on . at 9:10 AM found the employee files were locked in a file cabinet in the garage. On . at 9:15 AM Staff C was asked to place facility files on dining table for review. Staff could not provide the employee files because they did not have the keys to file cabinet. On . at 10:07 AM the assistant administrator arrived to facility and unlocked the employee file cabinet and acknowledged staff did not have access to the file cabinet when employee files were kept . Class III		