STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	**12/26/2018**
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

A complaint inspection (CCR# 2018018304) was conducted on through . Golden Years for the Elderly had the following deficiencies identified at the time of the inspection:

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

Based on record review and interview, the facility failed to obtain the resident/guardian's consent to manage financial affairs for three out of five sampled residents (Residents #1, 2 and 3). The owner of the facility signed Residents #s 1, 2 and 3 onto a long term care insurance plan.

Findings included:

Review of Resident 1, 2 and 3 files showed no documentation in file that the facility was given permission to manage financial affairs on those Residents' behalves.

Review of Resident #1's file showed her son had the Power of Attorney to make all decisions. Further review showed no documentation showing the son agreed with his mother's enrollment in the new insurance plan. Review of Resident # 2 records showed she was a ward of the county's Guardianship program, which was to make all decision. The owner reported he received permission to enroll Resident 2 on the insurance plan from her grandson. Record review showed no documentation showing the Guardianship program was made aware of the enrollment into the new insurance plan.

On at 10:20 AM, Resident # 3's wife stated she did not recall giving the owner permission to enroll her husband in a long term insurance plan.

On , at 10:35 AM, the owner confirmed that he had enrolled Resident 1, 2 and 3 on long term care insurance plans.

Class III

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

Based on observation, record review and interview, the facility failed to ensure staff who served and prepared food received the 1 hour in-service training in safe food handling practices (Staff E).

Findings Included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965545	**12/26/2018**
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)

On [redacted] at 7:05 AM, observed Staff E prepared and served food to residents.

Record review showed no documentation in file that Staff E had received Food and Nutritional training.

On [redacted] at 10:20 AM, the co-Owner and the Administrator stated they both were new to the facility and will have staff records reviewed for the required trainings.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure staff who had valid and current First Aid and ( ) training were at the facility at all times.

Findings included:

On at 6:30 AM, observed Staff E to be the only person on duty, caring for residents. At 7:15 AM, observed the Administrator enter the facility.

Record Review showed Staff E's First Aid and training expired on . Based on the staffing schedule, Staff E worked alone and did not have current First Aid and training on file.

On at 10:20 AM, Staff E stated she had her current card at home and would have it faxed to the facility.

On at 10:35 AM, the Administrator confirmed Staff E worked alone at times.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain and update its background screening database employee roster as required. Two of four staff, who were no longer employed at the facility, still appeared as activity employees.

Findings:

A record review revealed Staff A and B no longer work at the facility but were still listed as current employees. Staff A was hired and Staff B was hired on .

In an interview on at 10:20 AM the facility's co-owner stated Staff A quit on . He stated he didn't know when Staff B stopped working at the facility. He stated he and the Administrator had only been working at the facility since and Staff B wasn't employed when they took over.

Unclassified

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