STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969384	**05/15/2019**
NAME OF PROVIDER OR SUPPLIER **BLESSED GOLDEN YEARS, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1230 SW 94TH AVE** **MIAMI, FL 33174**	

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

0000 - Initial Comments

A Change of Ownership/Limited Mental Health survey was conducted at Blessed Golden Years LLC on , , . The provider had deficiencies identified at the time of the survey.

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview the facility failed to have a satisfactory sanitation inspection report available for review.

Finding included:

Review of the sanitation inspection showed it was dated and expired on , with no documentation of a current report.

On at PM the Administrator stated "we passed the inspection but we have not received it."

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations, record review and interview the facility failed to follow the posted activity schedule.

On at 9:10 AM the activity calendar was found posted on the wall, listing bingo games from 1 PM to 3 PM. On at 1:00 PM the residents were observed in front of the television watching soap operas. On at 1:00 PM Staff B sat on the couch with residents and watched the soap operas. Staff C was observed outside folding clothes, then had a conversation on her personal phone.

On at 11:00 AM Resident #1 stated, "I go outside. No, we don't do anything."
On at 11:24 AM Resident #4 stated, "I just walk around the house. We watch television."
On at 2:55 PM the Administrator stated, "We do exercises with them. Today we were waiting for Resident #6 to come from his ."

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

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Based on observations, record review, and interview, the facility failed to ensure that a third party (Home Health Agency) left documentation in the facility of the services provided to two of six (Resident #2 and 5) sampled residents.

Findings included:

On at 9:39 AM, a nurse from a home heath agency arrive to administer an injection to Resident #5.

Record review showed that Resident #2 had been receiving home health services for administration since one time daily. The Daily / Log showed Resident #2 received from to . There was no documentation that Resident #2 had received from to . Resident #5's health assessment diagnosis reflected, " Type 2 (DMII)".

Record review showed that Resident #5 has been receiving administration from home health agency. The log showed the last time Resident #5 received her administration was on . Resident #5's health assessment diagnosis reflected, " Type 2 (DMII)".

On at 9:36 AM the Administrator acknowledge the home health agency had no left documentation for Resident #2 and Resident #5 after administering .

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview the facility failed to have a qualified Administrator.

Findings included:

On at 11:30 AM a database search of List of Successful Core Examinees found the Administrator was not listed. Review of facility's personnel files revealed the Administrator was hired on . The background screening database showed the Administrator was hired on . The was no proof that the Administrator had successful passed the CORE competency examination for assisted living facility administrators within three months.

On at 3:30 PM Staff B stated, "The Administrator is scheduled soon to take the exam."

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Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to provide documentation of freedom from communicable for two out of four (Staff A & D) sampled staff.

Findings included:

Review of the staff pattern posted showed Staff D hired worked 7 PM to 7 AM seven days a week. Staff A hired had no documentation verifying she had been free from communicable . Staff D had no documentation verifying she had been free of communicable .

On at 2:55 PM Staff B acknowledge staff did not have statement documenting freedom of communicable .

Class III

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

Based on record review and interview, the facility failed to ensure the initial were recorded and failed to document if the resident's doctor was notified when one of our six (Resident #1) sampled residents refused to take medications.

Findings included:

The demographic sheet showed Resident #1 was admitted to the facility on . Review of Resident#1's record showed his initial at admission was not recorded. A change of ownership was completed in of 2019 and Resident#1's was not record for that month. Resident#1's health assessment dated showed he needed assistance with ambulation, bathing and transferring.

Medication reconciliation for Resident#1's medications showed: Ciclofenac SOD DR 75 mg tab for 7 AM and 7 PM, 325 mg tab, 25 mg tab were found still in the medication card for the . There was no documentation that the facility had given the medications to the resident, and there was no notation about why the resident was not given the medication. Resident #1's progress

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notes documented on , , and he refused to take medications. However, there were no notes stating whether the doctor was contacted.

On at 11:00 AM Resident #1 stated, "I take them. I don't need the medication for the . It makes me feel drowsy. It gives me ."

On at 2:45 PM Staff B acknowledge the initial was not recorded. On at 3:00 PM Staff B stated, "We contacted he doctor and did let him know he was not taking his medications.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation and interview, the facility failed to have enough fuel stored onsite to power generator and failed to a policy and procedure available with instructions on how to use the generator in case of an emergency.

Findings included:

Observation on at 9:18 AM found that the facility had two five gallons of fuel stored onsite. The amount of fuel on site was not enough to cover 48 hours of power from the generator.

On at 9:36 AM Staff B acknowledge the facility did not have enough fuel to power the generator and that the staff did not have the training on emergency power plan.

Class III