Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966939	A. BUILDING: _____ B. WING _____	07/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN GIRLS HOME, INC	15700 SW 102 AVENUE MIAMI, FL 33157

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A re-licensure survey was conducted at Golden Girls Home, Inc. on . . . . . . The provider had a deficiency identified at the time of the visit:	A 000		
A 085 SS=D	58A-5.0191(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 58A-5.020(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on records review and interview, facility failed to provide Nutrition and Food Service trainings to 1 of 5 sampled staff (Staff E). Findings included: A review of facility records review showed Nutrition and Food Service training was expired on . for Staff E. On at 09:30 am, Staff A stated that Staff B, Staff D, and Staff E received their Nutrition and Food Service trainings from a training program outside of the facility. At 09:45 am, Staff A came with 3 Nutrition and Food	A 085		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 085	Continued From page 1 service certificates for Staff B, Staff D, and Staff E. All 3 certificates were dated . Showed Staff A the discrepancy of the documents, and she stated "I knew they took the trainings yesterday or the day before, but when you told me they did not have the certificates I called the training program. They just faxed me the certificates but put today's date." Class III	A 085		

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