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
	AL11964312	A. BUILDING: _____ B. WING _____	08/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN GLOW VILLA SOUTH, LLC	8664 NW 1ST STREET CORAL SPRINGS, FL 33071

(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 An unannounced Relicensure and Generator Monitoring was conducted on at Golden Glow Villa South, LLC. Deficiencies related to the Relicensure were identified at the time of the survey.	A 000		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed as high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement their elopement policy and procedure by failing to ensure that 1 out of 3 sampled staff (Staff B) participated in a minimum of two elopement drills in 2025. The findings include:	A 032		

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A 032	Continued From page 2 A review of the facility's elopement policy and procedure titled, ' TJ's Senior Living Elopement Policy and Procedure' , [undated] , revealed the documented information: The Administrator shall conduct elopement drills twice per year, documenting date, times, staff involved, scenario, outcome, and recommendations for improvement" Administrator Responsibilities: 1. Ensure staff receive annual elopement prevention and response training. Further review of the facility's documented drills listed elopement drills occurring on: a. b. c. . . . . . A review of Staff B (HHA) ' s file revealed a hire date of , Since this hire date occurred prior to the end of the calendar year, the facility was responsible for ensuring Staff B ' s participation in the required elopement drills for 2025. Despite this, further review revealed Staff B did not participate in any elopement drills in 2025. During an interview conducted with the Administrator on at 2:10PM, she was notified that Staff B did not participate in any elopement drills in 2025. Furthermore, she was notified that she failed to implement her elopement protocol to ensure that all staff receive annual elopement training. The Administrator acknowledged the findings. Class III	A 032		

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A 079	Continued From page 3	A 079		
A 079	59A-36.010(3) FAC Staffing Standards - Levels	A 079		

(3) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities must maintain the following minimum staff hours per week:

Number of Residents, Day Care Participants, and Respite Care Residents	Staff Hours/Week
0-5	168
	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there

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A 079	Continued From page 4 must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in	A 079		

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A 079	Continued From page 5	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met.
1. When additional staff is required above the

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A 079	Continued From page 6	A 079		

minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure there were enough staff scheduled to meet the needs of the resident census (5), in addition to failing to accurate document hours schedule for direct care staff.

The findings included:

a) A review of the facility's staffing schedule revealed the following staffing pattern:

Monday to Sunday

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A 079	Continued From page 7 RN-Administrator - 6A-8P Staff C-Housekeeping- 6A-5P Staff B-HHA/Med Tech- 8P-6A, Sunday 6A-5P Maintenance- On Call total hours were not present. During an interview conducted with the Administrator on at 9:50AM, she stated that she was the only staff member on the day shift that provides resident care and Staff B provided evening resident care. She further stated that Staff C was only the housekeeper and was responsible for cleaning the facility and assisting with meal preparation [Reference citation A0161]. At that time, the Administrator was notified that the total hours were not identifiable and did not indicate whether the minimum required scheduled hours were being met. b) A record review of Resident's #1 and 2's files revealed the following: i) Resident #1 required supervision with ambulation and grooming; assistance with bathing, , toileting, and transferring. Furthermore, she also required assistance with medications. ii) Resident #2 required assistance with ambulation, grooming, bathing, , toileting, and transferring. Furthermore, she also required assistance with medications. During an interview conducted with the Administrator on at 2:45PM, she restated that only she and Staff B perform resident care. When asked how Staff B is able to	A 079		

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A 079	Continued From page 8 meet the care needs of the residents in addition to assisting with medication on her own, the Administrator that she may need to hire an additional HHA. She was notified that failure to reevaluate her staff scheduling had the potential to place the residents at risk. Class III	A 079		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,	A 161		

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A 161	Continued From page 9 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity , to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that 1 out of 3 sampled staff (Staff C) had documentation of trainings related to their job duties on file. The findings included: During an interview conducted with the Administrator on at 9:50AM, she stated that she was the only staff member on the day shift that provides resident care and Staff B provided evening resident care. She further stated that Staff C was only the housekeeper and	A 161		

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A 161	Continued From page 10 was responsible for cleaning the facility and assisting with meal preparation. A review of Staff C (Housekeeper)'s file revealed a hire date of . Further review revealed a signed job description titled, "Housekeeper" which stated the following: Daily Tasks 1. Dust furniture 2. Vacuum clean floor 3. Empty all trash containers 4. Polish and clean mirrors and glass 5. Clean bathrooms, including all fixtures 7. Mop floors 8. Clean and sanitize toiletes and 9.Report any and all hazardous situation, broken equipment, damaged furniture and unusual circumstances immediately to the Administrator or Designee on duty 10. Perform other related duties assigned by Administrator Furthermore, additional review revealed Staff C had no training on file related to supervising resident's Activities of Daily Living (ADLs). During a tour of the facility conducted on from 12:00PM to 2:45PM, Staff C (Housekeeper) was observed intermittently supervising the residents when the Administrator was performing care and services or other tasks. At 12:15PM, Staff C was observed assisting the residents ambulating to the table for their lunch meal. From 2:00PM onward, Staff C was observed sitting in the living room area with Resident #5, supervising the resident while she watched television.	A 161		

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A 161	Continued From page 11 During an interview conducted with the Administrator on at 2:40PM, she was notified that Staff C was observed supervising the residents while the Administrator was performing other tasks. Additionally, she was notified that Staff C did not have the ADL training on file to correspond with this duty. Class III	A 161		