

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2020
NAME OF PROVIDER OF SUPPLIER GOLFCREST HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 600 NORTH 17TH AVE HOLLYWOOD, FL 33020	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview, the facility failed to provide food prepared, stored, and distributed under sanitary conditions. The findings included: During an infection control visit, a tour of the main kitchen was conducted on 08/03/2020 at 2:20 PM with the Food Service Director, and the following were noted: 1) Two large garbage bins were observed in the main production area with their lids off and not in place. 2) The hood was noted with 1 light bulb not working in the main production area. 3) The dry storage room was noted with a large personal handbag on the shelves. 4) The floor on the right side of the kitchen, behind the stove was noted with debris and dirt. In an interview conducted on 08/03/20 at 2:35 PM, with the Food Service Director she acknowledged all findings.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.