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
	AL11967251	A. BUILDING: _____ B. WING _____	03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RANCH, INC	5711 SW 196TH LANE SOUTHWEST RANCHES, FL 33332

(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 survey was conducted on . . . . . at Golden Ranch, Inc. The facility had deficiencies identified related to the Relicensure at the time of the survey.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND . . . . . (.). 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 that the staff member possess current . certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide . training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a staff member who has completed and holds a currently valid card for First Aid course is in the facility at all times, for 2 out 2 sampled staff records reviewed. (Administrator and Staff A)	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 The findings included: On a review of the personnel records for compliance was conducted and the following was revealed: a) Administrator date of hire , who works during a 24 hour shift revealed no current training with a valid card in First Aid b)Staff A date of hire , who works during a 24 hours shift revealed no current training with a valid card in First Aid. A review of the staffing schedule for shows the Administrator works Monday through Friday 11:00 AM to 2:00 PM , Saturday 6:00 AM to 6:00 PM. Staff A works Monday through Friday, Saturday 6:00 AM to 6:00 PM. An interview on at 3:39 was conducted with the Administrator. She stated that the First Aid training is included with ( ) and Automated external defibrillator ( ) training. This surveyor informed the Administrator that she will need a valid card documenting completion of the First Aid course. The Administrator stated that she will have to contact the trainer. On at approximately 4:04 PM, the Administrator acknowledged the findings and no additional information was provided. Class III	A 083		