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
	AL11968282	A. BUILDING: _____ B. WING _____	10/24/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRENTWOOD AT FORE RANCH	4511 SW 48TH AVE OCALA, FL 34474

(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 re-licensure survey with Emergency Power Planning monitoring, in conjunction with a complaint investigation (complaint numbers 2023005709, 2023013047, 2023014939, and 2023015354) was conducted at Brentwood At Fore Ranch on [redacted] through [redacted]. Deficiencies were identified at the time of the survey. The allegations contained in the complaints were not substantiated.	A 000		
A 083	59A-36.011(5) FAC Training - First Aid and [redacted] (5) FIRST AID AND [redacted] ([redacted]). A staff member who has completed courses in First Aid and [redacted] 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 [redacted] certification that requires the student to demonstrate, in person, that he or she is able to perform [redacted] and which is issued by an instructor or training provider that is approved to provide [redacted] training by the American Red Cross, the American [redacted] 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 record review and interview, the facility	A 083		

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A 083	Continued From page 1 failed to ensure that a staff member who has completed courses in First Aid and [redacted] ( ) and holds a currently valid card documenting completion of such courses was in the facility at all times out of a sample of three employees working the 3rd Shift during [redacted] (Staff C, Staff D, and Staff E.) Findings include: Review of the facility's staffing schedule for the 3rd Shift (11 PM to 7 AM) for [redacted] revealed there were three employees working: Staff C, Medication Technician, Staff D, Personal Care Staff, and Staff E, Medication Technician. Review of employee records conducted on [redacted] revealed Staff C was hired on [redacted], Staff D was hired on [redacted], and Staff E was hired on [redacted]. Staff C, Staff D, and Staff E's records revealed no documentation evidence of completed First Aid and [redacted] Training. During an interview on [redacted] at 11:33 AM, the Director of Business Administration stated, "I am unable to locate [redacted] /First Aid training for any staff who works 3rd shift. That is not my area of expertise, so I am not sure who else works on the shift." During an interview on [redacted] at 12:08 PM, the Administrator stated, "I am reaching out to the staff who work 3rd shift to see if they have [redacted] /First Aid Training completed." Class III	A 083		