STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967251	02/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Ranch, Inc	5711 Sw 196th Lane Southwest Ranches, FL 33332	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Golden Ranch Inc. The facility had licensure deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, interview and record review,the facility failed to ensure a Resident Health Assessment (AHCA Form 1823) form was completed upon significant change and reflective of the resident's current health status and care needs, for 1 of 5 sampled residents (Resident #2).

The findings include:

Review of Resident #2's Health Assessment dated documents the resident's medical diagnosis as advanced , severe memory loss, Chronic Kidney , s/p hip repair on and cachexia. Further review of the assessment form reveals the resident has severe due to advanced . The 1823 form also documents the resident requires administration of her medications and a salt free diet. She requires assistance with ADL care ambulating,transfering, and bathing and requires supervision for eating and toileting as documented on the 1823 form.

Review of the Progress Notes reveals the resident currently requires the staff to assist with all ADL care including feeding her, and she is on a pureed diet. The resident was admitted to Hospice services for medical decline due to on . The current health assessment on file for the resident dated does not reflect the most current medical condition of the resident, also the higher level of care required for the resident.

On at approximately 2:00 PM during an interview with the Administrator, she reviewed the current 1823 form and stated that the form was not current or reflective of the resident's current care

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needs and services. She stated the form should be updated by the physician, to reflect the resident's current health status and care needs.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation,interview and record review, the facility failed to ensure that unlicensed staff who provide assistance to the resident with self administration of medication, follow the correct medication administration procedures and guidelines, for 1 out of 5 sampled residents (Residents #5).

The findings include:

Review of Resident #5's Health Assessment dated documents the resident's medical diagnosis as and unsteady gait. The assessment form documentes the resident to be combative at times, requiring daily supervision and needs and safety precautions. Further review of the form reveals the resident requires assistance with ADL care including bathing, dressing, self care, and toileting; she is able to feed herself with supervision. The form also documents the resident requires assistance with self administration of medications. Review of the Progress note dated reveals the resident being resistive to her ADL care by the staff and frequent redirection from outside weather exposure.

On at approximately 10:00AM during an interview with the resident, she was asked her name and how long she had been at the facility; the resident was and unable to respond. The resident was observed ambulating without her rolling walker and when staff attempted to redirect her to utilize the walker, she refused.

On at approximately 11:00AM during an interview with the Care Aide, she stated that the resident is and makes frequent attempts to ambulate by herself. The aide stated that the resident can be difficult to redirect and numerous attempts must be made by the staff. She stated the resident needed a lot of encouragement to perform ADL care, including eating.

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On at approximately 2:00 PM during an interview with the Administrator, she reviewed the record and confirmed the resident was prescribed to have assistance with self administration of medications. She confirmed the resident had and was unable to express which medications she was prescribed or when they needed to be taken. She stated that the unlicensed staff had been giving the resident her medications. She agreed the resident must be aware of the prescribed medications and be able to take them. She stated that she would have the physician reevaluate the resident.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, interview and record review, the facility failed to provide medication administration by staff, who are licensed to administer medications in accordance with the health care provider ' s order, for 4 of 5 sampled residents (Resident #1,#2,#3 and #4).

The findings include:

a) Review of Resident #1's Health Assessment (AHCA Form 1823) dated documents the resident's medical diagnosis as , and The form documents the resident's as forgetful, requiring daily supervision and monitoring her well being and whereabouts. The resident is on Home Health services for glucose monitoring and injections twice a day. Further review of the resident's Health Assessment form revealed the resident is documented by the medical professional as needing medication administration for her scheduled medications.

b) Review of Resident #2's Health Assessment dated documents the resident's medical diagnosis as advanced , severe memory loss, Chronic Kidney s/p hip repair on and cachexia. Further review of the assessment form reveals the resident has severe due to advanced The 1823 form also documents the resident requires administration of her medications and a salt free diet. She requires assistance with ADL care ambulating,transfering, and bathing and requires supervision for eating and toileting as documented on the 1823 form.

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c) Review of Resident #2's Health Assessment dated documents the resident's medical diagnosis as , Anorexia, , and Review of the Health Assessment form reveals the resident requires daily supervision and total ADL care from staff, including feeding. The resident is documented as being combative at times and having disoriented incoherent speech. The resident is on Hospice services for medical decline. Further review of the form revealed the resident is documented as requiring medication administration .

d) Review of Resident #2's Health Assessment dated documents the resident's medical diagnosis as , and The health assessment form documents the resident requires daily supervision and total ADL care, including feeding from the staff. The form also documents the resident is on Hospice services for medical decline. The resident is frail and prefers to stay in bed most days. The resident is documented to require medication administration by her physician.

On at approximately 2:00 PM during an interview with the Administrator, she reviewed the resident forms and confirmed the physician orders for medication administration. She confirmed that all four residents had and they where not able to express when a medication is required or understand the purpose for taking the medications. She stated that the unlicensed staff had been administering the medications to the residents.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Golden Ranch, Inc
5711 SW 196th Lane
Southwest Ranches, FL 33332

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for L. Wedges-Phoenix, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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