| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911213 | 06/19/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Ranmar Gardens | 1454 Ne 56th Street Fort Lauderdale, FL 33334 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Relicensure survey was conducted on . Ranmar Gardens Assisted Living facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interviews, it was determined the facility failed to follow proper procedures while assisting a resident with self -administration of medications for, 2 of 3 sampled residents observed during the medication pass (Residents #1& #2) .

The findings include:

During observations of the medication pass on at 12:05 PM, it was noted Employee C (unlicensed staff member) did not follow appropriate medication procedures while assisting Resident #1 and #2 with their medications. While assisting each resident at this time, the staff failed to inform each resident of the medications provided. Employee C was observed approaching Resident #1 and #2 and handed to them their medications in souffle cup stating "this is your noon meds". During an interview with Employee C, at this time, she acknowledged that during aforementioned medication pass that she failed to inform Resident #1 and #2 of the medications being provided.

Review of Resident #1's Health Assessment record (AHCA form 1823) dated revealed the resident suffers from and required assistance with self-administered medications. Record review of Resident #2's Health Assessment dated also revealed that she suffers from and required assistance with self-administered medications.

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During an interview with the Administrator on . . . . . at approximately 12:30 PM, she confirmed aforementioned findings.

Class III

**0056-Medication - Labeling and Orders 58A-5.0185(7) FAC**
Based on observation, records review and interviews, the facility failed to follow Physician's Orders, for 2 out of 3 sample residents (Resident #1 and #2).

The findings include:

A) During the Medication Pass observation on . . . . at 12:00 PM, it was noted that Employee C gave Resident #1, two pills identified as MAPAP 500 tablets in a soufflé cup. Review of the medication package indicated that the resident was supposed to receive 2 tablets of MAPAP every 8 hours around the clock for pain.

During an interview with Employee C, immediately after, she stated that she gave the medication because if she did not, she would not be able to change the electronic Medication Observation Record on the screen to complete med pass for this resident for the next session (dosage).

During an interview with the Administrator on . . . . at 12:45 PM, she stated that there have been some glitches with the computerized MOR and that she informed the pharmacy about it a week ago and they said that they would fix it. However, staff was to use critical judgment and follow the Physician's Orders in assisting the residents with their medication.

B)Employee C was also observed at approximately the same time assisting Resident # 2 with a tablet identified as . . Review of the medication Package Read: Lorazapam 0.5 mg tablet and the order stated to take 1 tablet by mouth every 8 hours.

During an interview with Employee C, immediately after, she stated that she gave the medication to Resident #2 because if she did not, she would not be able to change the electronic Medication Observation Record on the screen to complete med pass for this resident for the next session (dosage). She further indicated that she did not perform the medication task in the morning of . . . . . .

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During a follow-up interview with the Administrator, she confirmed that she administered the medications in the morning of [redacted] at 8:00 AM and had given the aforementioned medications to both Resident #1 and Resident #2. She also confirmed that Employee C had also provided aforementioned medications at 12 PM to Resident #1 and #2. The Administrator also acknowledged that the physician orders were not followed as directed and that the medications were provided in a 4 hour time interval instead of 8 hours during the medication pass at 8 AM and 12 PM.

Review of both Resident #1 and #2's Health Assessment revealed that they suffer from [redacted] and that both require assistance with self-administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ranmar Gardens
1454 NE 56th Street
Fort Lauderdale, FL 33334

**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 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com