



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Brentwood at Fore Ranch
4511 SW 48th Avenue
Ocala, FL 34474

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative of this office.

Enclosed 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 2015 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT FORE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4511 SW 48TH AVE OCALA, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

An unannounced Extended Congregate Care Services monitoring survey was conducted at Brentwood at Fore Ranch in Ocala, Florida on 3/25/2015. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review the facility failed obtain omitted information on a health assessment (AHCA Form 1823) for 1 of 1 residents reviewed (Resident #1).

Findings:

A record review Resident #1's of health assessment (AHCA Form 1823) dated 3/25/2015 revealed the form was incomplete and inaccurate. Section 1 (C)(2) of the form identified Resident #1 as bedridden. Section 1(C) (3) which asks if Resident #1 has any 3, or 4 pressure sores, was unanswered. Section 1(D), which asks the medical provider if Resident #1's needs can be met in an Assisted Living Facility was unanswered. Section 2 B (B), which asks the medical provider if Resident #1 needs assistance with medications was unanswered.

An interview conducted on 3/25/2015 at 11:45 AM with the Administrator and the LPN. They confirmed that the health assessment was not completed and was inaccurate.

Class III

E204 - ECC - Admissions & Continued Residency - 429.26(10) FS; 58A-5.030(5) FAC

Based on record review and interview, the facility failed to ensure 1 of 2 residents reviewed met the criteria for continued residency under the Extend Congregate Care (ECC) specialty license for (Resident 1).

Findings:

A review of Resident #1's record revealed she received ECC services for 30 days of care and a care for a 30 day on her right hand. Further review of the record revealed a progress note from a 30 day clinic for Resident #1. The note identified a 30 day on the left heel with measurements of 3.4 cm in length, 2.6 cm in width, and 0.2 cm in depth. The 30 day on the heel is a 30 day and has a status of not healed.

A record review of the facility's Policy and Procedures for ECC for Admission and Continued Residency states that a resident must meet the following minimum criteria in order to be admitted or for continued residency at the Assisted Living Facility. That minimum criterion includes the following: Not have any 30 day or 4

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT FORE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4511 SW 48TH AVE OCALA, FL 34474	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

E204 Continued From page 1

An interview conducted with the LPN and the Administrator on _____ at 12:30 PM confirmed that Resident #1 has a _____ on the left heel, no stage noted in health record. Resident #1 is going to Ocala Health _____ and _____ Center for _____ care and AmeriCare Home Health is changing the dressings.

An interview conducted on _____ at 2:45 PM with the Administrator revealed that documentation from the _____ clinic was received. The _____ clinic has staged the _____ at a _____.

Class III

E208 - ECC - Records - 58A-5.030(9) FAC

Based on interview and record review the facility failed to develop service plans and maintain nursing assessments for 1 of 1 resident record reviewed (Resident #1).

Findings:

A record review of the Extended Congregate Care (ECC) Policy and Procedure for Administrator or Designee revealed a service plan should be initiated after a resident is determined to need ECC services.

A record review of the Policy and Procedure for ECC, Service Plan states that a service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment.

A record review of the ECC Policy and Procedure: Assessment (Nursing) states the nursing department shall complete, every 30 days, an assessment of all residents receiving ECC services.

An interview conducted on _____ at 11:00 AM with the Administrator confirmed that the facility did not have the required monthly assessments or the service plans for Resident #1.

Class III

E210 - ECC - Training - 58A-5.0191(7) FAC

Based on interview and record review the facility failed to ensure that direct care staff providing care to Extended Congregate Care (ECC) services to residents receive, within 6 months of employment, at least 2 hours of in-service training in ECC services for 2 (Staff C and D) of 3 staff records reviewed.

Findings:

A record review of Staff C's personnel record revealed a date of hire of _____.

A record review of Staff D's personnel record revealed a date of hire of _____.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER BRENTWOOD AT FORE RANCH	STREET ADDRESS, CITY, STATE, ZIP CODE 4511 SW 48TH AVE OCALA, FL 34474	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
E210 Continued From page 2 A record review of Staff C and D's personnel records revealed that there was no evidence of a 2 hour ECC in-service training within 6 months of date of hire. An interview conducted on at 4:30 PM with the Administrator confirmed that Staff C and D did not have evidence of a 2 hour in-service training in ECC services. Class III		