RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

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

RE: CCR #2015006418 & 2015006569

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

Sincerely,

Krista J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968282	06/26/2015
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

On , 2015 a complaint investigation (CCR# 2015006569 and CCR# 2015006418) was conducted at Brentwood at Fore Ranch Assisted Living Facility. There was deficient practice identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on interview and observations, the Assisted Living Facility (ALF) failed to follow the appropriate assistance with self- administration of medication procedures for 1 of 2 residents (Resident #4). Specifically, the ALF unlicensed staff failed to read the medication label and prepare the medication in the presence of the resident as required in Florida Statute. 429.256
Findings include:
1. During a medication pass observation on at 10:15 AM, Staff A was observed providing assistance with self-administration of medication to Resident #4. Staff member A was observed standing at the medication cart on the 2nd floor of the facility. She prepared the medication at the medication cart by popping each pill from the medication packet into a souffle' cup. She then walked into Resident #4's stated, "I got your medicine." Resident #4 took her medication with a Boost drink.
2. During an interview on at 10:25 AM, Staff A reported she was only trained on the five rights for providing assistance with self -administration of medication.
3. During an interview on at 11:00 AM, Resident #4 reported that staff brought her medications to her the time. She stated that the staff did not tell her what medications she was taken unless she get a new medication.

Class III