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 revisit survey conducted on , 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968282	R
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 a unannounced revisit to a complaint (CCR# 2015006569 and CCR# 2015006418) was conducted at Brentwood at Fore Ranch, an assisted living facility. Deficient practice was identified at the time of the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure omitted information was obtained for 1 of 2 resident records reviewed (Resident # 13).

The findings include:

A review of Resident #13 health assessment revealed the assessment was not dated by the evaluating physician. Further review of the assessment revealed there was no dates on the form (AHCA 1823) to show when the assessment was completed.

On at 7:05 PM an interview was conducted with the Administrator, the Memory Care Director and the Regional Director. They confirmed there was no date on the document.

Class III

0028 Resident Care - Activities of Daily Living

Based on interviews, observations, and record reviews the facility failed to assist 1 of 5 sampled residents with assistance of activities of daily living (ADL) in a timely manner and as needed by the resident (Resident #4).

The findings include:

On at 1:56 PM an interview was conducted with Resident #4. Resident # 4 stated it takes a long time for the facility staff to assist her with her needs. She further stated last Thursday ( ) she needed to use the , she pressed her pendent to ring the call bell and no one assisted her. She stated she rolled her wheelchair into the hallway to get assistance. She continued by stating no one came to assist her and she remained wet with in her wheelchair for 45 minutes. Resident #4 stated that her call bell has not worked at least 4 times in of 2015. Resident #4 stated she talked with the Administrator about the problem.

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

On at 2:02 PM resident #4 was observed pressing her call pendent for the call bell. At 2:31 PM the call light outside Resident #4's (on the second floor of the facility) continued to be on. At 2:34 PM two staff were observed standing in the hallway at the medication cart conversing and one housekeeping staff member was in the hall way. At 2:36 two of the staff members assisted a resident in different . At 2:46 PM two staff members left the another staff member went down the stairwell. At 2:50 PM two staff members were observed still on the second floor at the nursing station. Resident #4 call light continued to be on.

On at 2:52 PM an interview was conducted with the Administrator. He stated the pendent sends a signal to the front desk and that the call bell system is currently functional. He further stated that direct care staff and housekeepers have radios and are notified by personnel at the front desk when the call bell is activated. He also stated that direct care staff should respond to the call bell in 2 to 3 minutes.

At 2:57 PM (55 minutes later after the Resident #4 pressed her call pendent) the Administrator was observed going to resident's #4 , Resident #4 was in the . The Administrator asked her if she had been assisted yet and Resident #4 replied she had not received assistance from staff. The Administrator stated he would have someone assist her.

A review of the facilities call bell log on for Resident #4 confirmed Resident #4 pressed her call pendent 1:57 PM and no one responded to the call light for over 50 minutes.

A review of Resident #4 health assessment, dated revealed Resident #4 requires assistance with the following ADLs ambulation, bathing, dressing, toileting, and transferring.

0052 Medication - Assistance with Self-Admin

Based on observations and interviews the facility failed to ensure unlicensed staff prepared medication in the presence of the resident and failed to read the label of the medication in the presence of the resident 1 of 4 residents observed during medication pass (Resident #10).

The findings include:

On at 3 PM staff D was observed preparing medications for Resident #10 while standing in the hall at the medication cart. She dispensed seven pills from the packaging into a souffle cup. Staff D entered Resident #10 told Resident #10 she had seven pills to give to her. The medication was poured into Resident's #10 hand and two of the pills on the resident's lap and one on the floor. Staff D was unable to identify the pill that on the floor. At 3:20 PM Staff D returned to the medication cart and identified the pill as .

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

On at 3:27 PM Staff D was interviewed. She stated she received training on assistance with self-medication administration. She said, "They showed us how to do just like I did and then take it (the medication) to the patient."

On at 7:05 PM the Administrator was interviewed. He stated, "The med techs know that they are suppose to prepare medications in front of the residents and read the label in front of the resident."

Class III