STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967251	02/15/2016
NAME OF PROVIDER OR SUPPLIER **GOLDEN RANCH, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5711 SW 196TH LANE** **SOUTHWEST RANCHES, FL 33332**	

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

0000 Initial Comments

An Abbreviated Survey was conducted on 15, 2016. Golden Ranch Inc. Assisted Living Facility with a standard component had the following deficiencies found at time of survey.

0083 Trainina - First Aid and

Based on record review and interview, it was determined the facility's personnel records did not include properly documented evidence of and First Aid training, for 1 out of 4 sampled staff records reviewed(Staff D).

The findings included:

Review of Staff D record on / revealed Staff D (hire date) did not contain current training documentation in and First Aid.

On at 2:33 PM Staff A stated, " I will I will schedule the training as soon as possible".

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and staff interview, it was determined the facility failed to ensure that hired staff receive an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices, for 1 out of 4 sampled employee (Staff D) .

The findings included:

Review of Staff D personnel file revealed a date of hire as hire date . Further record review revealed the last four hour Medication Training was dated / / and there was no documentation of an annual 2 hours of continuing education training on providing assistance with self-administered medication and safe medication practices for Staff D since 2012. Staff A confirmed Staff D assist residents with their self-administered medications.

On at 2:30 PM Staff A stated, " I will schedule the training with the nurse and have him do the continuing training".

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure: AHCA Form 5000-3547

XG90

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