AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	04/20/2016
NAME OF PROVIDER OR SUPPLIER **LITTLE RANCH OF HOPE**	STREET ADDRESS, CITY, STATE, ZIP CODE **15750 LITTLE RANCH ROAD** **SPRING HILL, FL 34610**	

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

0000 Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted at Little Ranch of Hope on . . / . . Little Ranch of Hope, Assisted Living Facility, had deficiencies at the time of the visit.

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to show proof of a statement from a health care provider documenting that employees do not have any signs or symptoms of communicable (Communicable Statements) for 2(Staff A and Staff B) of 3 employee records reviewed.

Findings included:

An employee record review was conducted on . Staff A ' s record showed a date of hire of and Staff B ' s record showed a date of hire of / . The review of Staff A ' s and Staff B ' s records also showed a lack of Communicable Statements.

The manager was interviewed at 4:37 PM on and asked to review Staff A ' s and Staff B ' s records for Communicable Statements. The manager reviewed Staff A ' s and Staff B ' s employee records and stated that she didn ' t see them.

Class III

0093 Food Service - Dietary Standards

Based on observation and interview, the facility failed to maintain a sufficient 3-day water supply to be utilized in the event of an emergency.

Findings included:

A dining and food service review was conducted on . The emergency water supply was observed and approximately 7.5 gallons were available, which did not meet requirements for the facility census of 7 residents.

The manager was interviewed at 1:33 PM on and she stated that they didn ' t have enough

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water in their emergency supply.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Little Ranch of Hope
15750 Little Ranch Road
Spring Hill, FL 34610

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on , 2016, by representative(s) 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.

St. Petersburg Field Office
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90