



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016001182

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Borg
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/16/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968282	(X3) DATE SURVEY COMPLETED 04/28/2016
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 , an unannounced complaint survey (CCR#2016001182) was conducted at Brentwood at Fore Ranch, an assisted living facility in Ocala, FL. Deficiencies were identified as a result of this survey. The facility is not in compliance at this time.

0053 Medication - Administration

Based on observation, interview and record review, the facility failed to properly assist 1 of 3 residents (Resident #2) with the administration of medication by not administering the resident medication per the label.

Findings

On at 9:30 AM, during the morning medication pass, it was observed that the Licensed Practical Nurse (LPN) removed the resident's medication cards from the medication cart. The LPN placed the cards into a tote and proceeded to Resident #2's area to administer the medication. Resident #2 was administered a dose of 100 MCG by mouth during this medication pass.

During medication reconciliation on at 9:52 AM, a review of the Medication Observation Record (MOR) revealed that the medication 100 MCG is to be given daily on an empty stomach.

During an interview on at 9:53 AM with the 200 hallway LPN, she stated the has always been given to Resident #2 at 8:00 AM. She has never given the medication before meals because the medication is timed with the resident's other 8:00 AM medications. She stated Resident #2 had gone to breakfast this morning at 8:00 AM and then she went to . The 200 hallway medication cart has 3 residents receiving . The is scheduled for 8:00, 8:30 and 9:00 AM.

During an interview on at 11:55 AM with the memory care nurse/LPN, she stated she has 8 residents receiving the medication and the medication for the is scheduled for 8:00 AM. All of the medication that the LPN gives is given between 8:00

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AM and 9:00 AM. The LPN has never administered the medication before breakfast.

During an interview on [redacted] at 12:40 PM with the 100 hallway Medication Technician (MT) she stated, she has 3 residents receiving the medication [redacted] and the medication is ordered to be given at 8:00 AM. The medication is not given before breakfast because it is scheduled with the residents regular routine scheduled medications.

During an interview on [redacted] at 12:50 PM with Resident #2, she stated she takes 10 pills each morning and the nurse gives her all of her medications after breakfast, she receives no medications before breakfast. The resident stated she did not ask for her medication times to be changed. She takes her medications when the nurse gives them to her.

During an interview on [redacted] at 1:30 PM with the facility pharmacist from Omni Care Pharmacy of Tampa, she stated the medication [redacted] is supposed to be given early AM before breakfast on an empty stomach. [redacted] is not to be given with any other medication. The pharmacy usually profiles residents that are taking [redacted] to take the medication at 6:00 AM.

During an interview on [redacted] at 1:55 PM with the Director of Health and Wellness Registered Nurse (RN), she stated she is aware that residents are supposed to take [redacted] early in the AM on an empty stomach. She stated the nursing staff of the facility puts the times on the residents MOR's after the initial MOR is received from the pharmacy. The medication times can be changed on the MOR with a physician's order or resident preference.

During interviews with the 100 Hallway Medication Technician, 200 hallway LPN and the Memory Care Unit LPN revealed there is a total of 14 residents between the three units receiving the medication [redacted]. The Nursing staff confirmed they do not give the residents the medication before breakfast on an empty stomach, though the label reads to administer the medication on an empty stomach. The nursing staff confirmed that the medication [redacted] is timed to be given with other medications the residents are receiving.

Class III

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