STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968282	**04/06/2017**
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 , , 2017 through , , 2017, a complaint survey investigation (CCR#2017000903, 2017001130, 2017001147, 2017001148) was conducted at Brentwood At Fore Ranch Assisted Living Facility (facility license number 12234). During the investigation deficient practice was identified.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview, observation and record review, the facility failed to ensure the continued appropriateness for 1 of 13 residents in the facility (Resident #2).

Findings:

On at 12:17 PM a family interview was conducted with Resident #2's wife, who was observed feeding Resident #2 who was seated in a high-back wheelchair. The wife stated Resident #2 does not stand or bare weight. The wife stated her husband requires two persons to lift him in and out of his wheelchair. The wife stated no, he is not on hospice services.

On at 2:15 PM, an interview was conducted with Staff C. Staff C stated Resident #2 does need assistance to the with bathing. He cannot lift himself up and Resident #2 is a total lift. Resident #2 is a two-person assist. Staff C stated the Resident #2 cannot transfer himself at all and can only follow minimal instructions. Resident #2 cannot take command to reach over and hold the rail, as he is . The resident is a total lift cannot stand or pivot.

On at 3:00 PM, an observation of a transfer of Resident #2 from wheelchair onto bed was conducted. Staff C (Licensed Practical Nurse) (LPN) and the Occupational , conducted the transfer. The Occupational , asked the resident to pull up, and Resident #2 did not follow the command. The Occupational , had to pull the resident forward, after putting a posey belt around the waist of resident. When the transfer was taking place, the resident did not bear weight on the floor. Resident #2's feet only slid across the floor. The occupational , conducted a total lift. The occupational , stated, "Sometimes he can bare weight and sometimes he cannot."

On , a record review of Resident #2's Resident Health Assessment (AHCA Form 1823) showed Resident #2 documented as being total care for the following activities of daily living: Ambulation, bathing dressing, eating, self care ( ), toileting, and transferring.

Class III