STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966439	**11/06/2017**
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

On , 2017, a biennial re-licensure survey was conducted at Little Ranch of Hope. Deficient practice was identified during the survey.

(License # 10730)

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

Based on record review and interview, the facility failed to obtain accurate documentation of a face-to-face examination from a health care provider (AHCA form 1823 for the appropriateness of residency for one (Resident #4) of two resident records reviewed. AHCA form 1823 indicated Resident #4 required services not offered by the facility.

Findings included:

A review of resident records conducted on 11/ showed that Resident #4's AHCA Form 1823 had an examination date of . Resident #4's 1823 Form also indicated that they needed medication administration.

An interview was conducted with the Administrator at 12:38 PM on concerning Resident #4's AHCA Form 1823 and the health care provider's determination that the resident required medication administration. The Administrator reviewed Resident #4's AHCA Form 1823 and acknowledged that it stated that medication administration was required. The Administrator stated that the facility did not employ licensed personnel to administer medication.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that staff submitted a written statement from a health care provider, within 30 days after beginning employment, stating that the individual did

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not have any signs or symptoms of a communicable (Communicable Statement) for two (Administrator and Staff A) of four employee records reviewed. Additionally, the facility failed to obtain evidence of a negative examination documented on an annual basis (Exam) for two (Administrator and Staff C) of four employee records reviewed.

Findings included:

A review of employee records conducted on 11/ showed that the Administrator was hired on , Staff A was hired on , and Staff C was hired on . A review of the Administrator's and Staff A's records showed no Communicable Statements. The record review also showed that the Administrator's and Staff C's records showed a lack of Exams.

A series of interviews were conducted with the Administrator beginning at 10:23 AM on concerning the lack of Communicable Statements in the Administrator's and Staff A's records and the absence of Exams in the Administrator's and Staff C's records. The Administrator reviewed the employees' records and acknowledged the missing Communicable Statements and Exams.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observation, interview, and record review, the facility failed to provide proof that employees that provided assistance with self-administered medications obtained a minimum of two hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (2 hours Continuing Education) for two (Staff A and Staff C) of four employee records reviewed.

Findings included:

A review of employee records conducted on 11/ showed that Staff A had a date of hire of and Staff C was hired on . A review of Staff A and Staff C's employee records showed no proof of 2 Hours Continuing Education.

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Staff A was interviewed at 9:58 AM on and they stated that they assisted residents with self-administered medications. Staff C was observed assisting residents with self-administered medications on .

A series of interviews were conducted with the Administrator on 11/ beginning at 11:49 AM concerning the lack of proof of 2 Hours Continuing Education for Staff A and Staff C. The Administrator reviewed Staff A's and Staff C's records and acknowledged that the required proof of 2 Hours Continuing Education was not present.

Class III