STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911213	01/31/2018
NAME OF PROVIDER OR SUPPLIER **RANMAR GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1454 NE 56TH STREET** **FORT LAUDERDALE, FL 33334**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Ranmar Gardens, License #5552. The facility had deficiencies at the time of the visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review, observation, and interview, the facility failed to ensure that doctors orders were followed while administering medications for 1 of 1 sampled residents (Resident#4).

The findings included:

On at 11:05 AM, a medication pass was observed with Staff A - LPN (licensed practical nurse) / administrator, for Resident #4. The physician ordered 'Amloipine 10mg tablet- 1 tablet once a day' with documentation to 'Hold for less than 120 or dystolic less than 70'. During the medication pass, Staff A washed her hands, compared the Medication Observation Record (MOR) with the medication label which read "Hold for less than 120 or dystolic less than 70". During the observation, Staff A did not check Resident #4's prior to giving the resident the medication. Staff A placed the medication in a cup and gave to the Resident #4, watched her swallow the medication and documental immediately in the MOR. Further observation of the MOR and resident records revealed no documentation of being taken prior to giving daily medication.

During an interview with Staff A at this time she stated are usually done to determine if the medication is to be giving or withheld. Staff A stated she was nervous and did not do it today. Staff A stated they have some documentation of on a separate sheet of paper, but it is not recorded daily on the MOR. A piece of paper which contained Resident #4's name had the following readings: - Give; - Hold; - Give; and - did not document to 'give or hold' for this . Further review of the document revealed the document had no times or dates to indicate when the were taken.

During an interview with the Administrator (Staff A) at approximately 3:30 PM, she acknowledged the findings and provided no additional information for review.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911213	01/31/2018
NAME OF PROVIDER OR SUPPLIER **RANMAR GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1454 NE 56TH STREET** **FORT LAUDERDALE, FL 33334**	

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

Based on record review and interview, the facility failed to ensure that all staff obtained a annual statement from a licensed health care provider stating freedom from signs and symptoms of communicable and ( ) for 1 of 3 sampled staff (Staff B).

The findings included:

On at approximately 1:00 PM, a personnel review was conducted for Staff B, which revealed no current statement from a licensed health care provider stating Staff B was free from signs and symptoms of communicable including for 2017. Further review revealed the last statement on file expired on , 2017. At this time, the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator at approximately 3:20 PM, she acknowledged the findings and provided no additional documentation for review.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure that all staff who are solely responsible for the care of residents in the facility, holds a current certification card for First aid and ( ) for 1 of 3 sampled staff (Staff B).

The findings included:

On at approximately 1:15 PM, an employee personnel review was conducted for Staff B, which revealed no current certification card for First Aid and . Further review revealed a certification card dated: . At this time, the Administrator was provided an opportunity to locate the documentation. Further review of the facility staff schedule confirmed Staff C works "all shifts" and is solely responsible for the care of the residents at times.

During an interview with the Administrator on at approximately 3:15 PM, she acknowledged the findings and provided no additional documentation fro review.

Class III

0090 - Training - - 58A-5.0191(11) FAC

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911213	**01/31/2018**
NAME OF PROVIDER OR SUPPLIER **RANMAR GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1454 NE 56TH STREET** **FORT LAUDERDALE, FL 33334**	

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

Based on record review and interview, the facility failed to ensure that all staff received training on the facility's policy and procedures on ( ) within 30 days of hire for 1 of 3 sampled staff (Staff C).

The findings included:

On at 1:20 PM an employee personnel review was conduced for Staff C, whose hire date was . The record review revealed no training certificate documenting completion of the facility's policy and procedures training on ( ). At this time, the Administrator was provided an opportunity to locate the documentation.

During an interview with the Administrator on at approximately 3:15 PM, she acknowledged the findings and provided no additional documentation for review.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to ensure a yearly Comprehensive Emergency Management Plan was submitted for review and approval by the Emergency Management authorities.

The findings included:

On at approximately 1:00 PM, a review was conducted of the facility's Comprehensive Emergency Management Plan (CEMP). The review revealed a letter from the Department of Public Safety Division of Emergency Management dated , in which the CEMP expired on .
The facility provided a receipt of submission from Department of Public Safety Division of Emergency Management dated .
Further review revealed no approved CEMP for the remainder of 2017 into the year 2018. At this time, the Administrator was provided an opportunity to locate additional documentation.

During an interview with the Administrator on at approximately 3:15 PM, she acknowledged the findings and provided no additional documentation for review.

Class III