STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967251	**03/05/2018**
NAME OF PROVIDER OR SUPPLIER **GOLDEN RANCH, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5711 SW 196TH LANE** **SOUTHWEST RANCHES, FL 33332**	

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

0000 - Initial Comments

An uannounced abbreviated survey was conducted at Golden Ranch, Inc., License # 11306. The facility had deficiencies at the time of the survey.

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

Based on record review and an interview, the facility failed to ensure the health assessment (ACHA Form 1823) reflected the resident's current status for 1 out of 1 sampled residents (Resident #2).

The findings included:

During an interview with the Administrator on at 11:45 AM, she stated that she has one resident, Resident #2 that requires a mechanical soft diet. The Administrator advised that the doctor made this order "a couple months ago."

During lunch observation of Resident #2, a mechanical soft diet was observed being served to the resident. According to the resident health assessment the resident required assistance with eating and was assisted by Staff A. The resident was observed choking several times and the Administrator advised the surveyor at this time, the choking is the reason why Resident #2's physician ordered a mechanical soft diet. Resident #2 was able to finish all of her food and the choking subsided

Resident #2's Health Assessment dated was reviewed and revealed the form did not reflect the special diet, as ordered by the physician.

On at 2:05 PM the order for the mechanical soft diet was requested from the Administrator. The Administrator advised that she was not given an order and she forgot to get one from the doctor. The Administrator also confirmed the findings that the current health assessment was not reflective of the resident's current healthcare needs.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 3 out of 6 sampled residents (Resident #3, Resident #4 and Resident #6) observed during the medication pass.

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

The findings included:

Observations on [redacted] at 12:22 PM revealed Resident # 3 receiving [redacted] 10 mg.
Observations during assistance with self- administration of medication revealed Staff A did not review the MOR (Medication Observation Record), did not state the name of the medication, prior to assisting the resident with the medication, and did not sign the MOR immediately after.

Observations on [redacted] at 12:29 PM revealed Resident # 4 receiving [redacted] 325 mg.
Observations during assistance with self- administration of medication revealed Staff A did not review the MOR, did not state the name of the medication, prior to assisting the resident with the medication, and did not sign the MOR immediately after.

Observations on [redacted] at 12:35 PM revealed Resident # 6 receiving [redacted] 500 mg.
Observations during assistance with self- administration of medication revealed Staff A did not review the MOR, did not state the name of the medication, prior to assisting the resident with the medication, and did not sign the MOR immediately after.

Class III