

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966520	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER TENDER CARE, INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 2407 GRIFFIN COURT OCOOEE, FL 34761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments A re-licensure survey with Limited Mental Health (LMH) and generator monitoring was conducted at Tender Care, Inc on . The facility had a deficiency at the time of the survey.	A 000			
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their	A 078			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 078	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _____ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff _____ by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience when unlicensed caregiver (B) assisted 1 of 2 sampled residents (#2) with _____.	A 078			

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A 078	Continued From page 2 Findings: Review of resident #2's record revealed a medical history of _____ type II. A health care provider ordered _____, 5 units, to be injected under the skin 3 times a day. On _____ at 12:36 PM, the Administrator stated, unlicensed staff always dialed the resident's _____, attached the needle, and then handed the _____ to the resident. Adding, the resident will administer the medication to himself. On _____ at 12:38 PM, observed unlicensed Caregiver B attaching the needle to the prefilled _____ . The caregiver dialed the prescribed dosage and handed the medication to resident #2. Resident #2 injected the medication into his abdomen area. On _____ at 12:41 PM, unlicensed Caregiver B said sometimes she attaches the needle and dials the _____. Then she will give it to the resident for him to administer to himself. The caregiver added, resident #2 can dial the _____ and attach the needle by himself. She stated she did it for resident #2 today, because she did not want him to be nervous. On _____ at 1:06 PM, the Administrator said she was not aware that unlicensed staff could not dial the _____ and attach the needle. On _____ at 1:45 PM, resident #2 said normally the caregiver would bring him the medication. He would then dial the dose, attach the needle, and administer the medication to himself.	A 078			

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A 078	Continued From page 3 (photographic evidence obtained) Class III	A 078			