| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910101 | 07/18/2013 |
| NAME OF PROVIDER OR SUPPLIER<br>**Tender Loving Care Retirement Residence** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**747 Bon Air St<br>Lakeland, FL 33805** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013005326, was conducted on .

The Tender Loving Care Retirement Residence, assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to provide appropriate follow-up care, assessment and timely notification to the medical provider and family/responsible party for one of six sampled residents (Resident #1) who sustained a significant change (a ...).

Findings include:

During a visit to the facility conducted on , the surveyor reviewed the facility's documentation regarding resident that occurred in the last six months. The surveyor reviewed the documentation for a ... that Resident #1 sustained on . The surveyor noted that the that occurred on was not documented until and that in the documentation, it notes that neither the physician or family was notified and that Resident #1 was not seen at the hospital. The surveyor noted that follow-up documentation indicated that on , the resident was noted to have a black eye and . The documentation of the incident notes that on , Employee D (direct care staff) reported that Resident #1 had been found on the ground near her wheelchair on . Subsequent documentation indicated that Resident #1 was sent to the local hospital on due to . A review of the records from the hospital. According to both hospital and facility records, the facility was ultimately notified that Resident #1 had on her , likely from to her head.

The facility administrator was interviewed on at 10:55 AM. The administrator reported that after hearing about the Resident #1 sustained, she checked the facility cameras for and saw that Employee D was turning Resident #1's wheelchair. According to the administrator, Resident #1's foot caught on the floor and she forward fast, falling out of the wheelchair and striking her head on the floor. Employee D did not report seeing Resident #1 but only reported finding her on the floor. Therefore, the other facility staff did not know she struck her head so she was not assessed properly. Also, the doctor and family were not contacted. The administrator said she was not aware of what took place until the facility investigated after noticing the on Resident #1. The administrator reported that Employee D was terminated from her employment at the facility.

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| | **AL11910101** | **07/18/2013** |
| NAME OF PROVIDER OR SUPPLIER<br>**Tender Loving Care Retirement Residence** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**747 Bon Air St Lakeland, FL 33805** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on interview and record review, the facility failed to notify the agency of an adverse incident involving one of six sampled residents (Resident #1).

Findings include:

During a visit to the facility on , the surveyor reviewed the facility internal documentation of incidents, including . The surveyor noted that Resident #1 sustained a documented from her wheelchair on and was sent to the hospital on due to ongoing health concerns as a result of the . On that same date, the surveyor reviewed the resident record for Resident #1, including the resident's "condition log" and noted that the condition log also contained documentation indicating that on , while being transported in her wheelchair, Resident #1 "went forward in her wheelchair and out of her wheelchair." The surveyor checked the agency's record of adverse incidents for the facility on . The surveyor noted that the adverse incident for Resident #1's on was filed on .

The facility's director was interviewed on at 1:20 PM. The director acknowledged the findings and stated that she'd been so busy handling the internal investigation regarding Resident #1's that she'd fail to insure the adverse incident report was filed timely.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2013

Administrator
Tender Loving Care Retirement Residence
747 Bon Air St
Lakeland, FL 33805

Dear Administrator:

Re: **CCR# 2013005326**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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