STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Care, Inc.	2407 Griffin Court Ocoee, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= B
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= B
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= B
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Biennial re-licensure survey with Limited Mental Health (LMH) was conducted at Tender Care, Inc. Assisted Living Facility.
There were deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview the facility failed to obtain a completed medical examination report (1823) for 2 of 4 sampled residents that addressed all criteria necessary to determine admission to the Assisted Living Facility (#1 and #3).

Findings:

Record review for resident #1 revealed a resident health assessment form1823 that was dated

Resident #3 had an 1823 that was dated . Their 1823's noted that they required assisted with their medication. The section that noted the type of assistance was left blank (assistance with self-administration of medication or Administration).

The administrator stated on at approximately 11 AM that she was not aware that the information was left off of the forms.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on Record review and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

During interviews with Residents on at approximately 9 AM, it was revealed that the facility staff would place their medications in small cups and sit them on the table in front of them during meal times. The residents stated that the staff did not tell them what they were taking.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Care, Inc.	2407 Griffin Court Ocoee, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observations on , at approximately 11:30 AM revealed that staff B (Unlicensed staff) was observed taking a bottle of medication out of the locked box where the medication was centrally stored placing a pill in the cup. Staff B returned the medication bottle to the locked box. Staff B left the pill on the table and went to the dining , where the residents were sitting at the table.

Staff A who was a nurse obtained the medication bottle from the locked box and took the pre-poured pill that staff B had placed in the cup and gave resident #1 the cup and she read the label to him while he was sitting at the dining . Staff B who had started to give the medication did not follow through with the appropriate steps, he did not first take the Medication, in its dispensed, properly labeled container, from where it was stored to give to resident #1 and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container. Instead Staff A took the medication that was in the cup that Staff B had place there and gave it to the resident.

Staff A stated that she was aware that staff B did not follow the proper procedure and she would be providing more training.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure that , that was kept refrigerated was in a locked container or that the refrigerator was locked at all times.

Findings:

The administrator stated on , at approximately 10 AM, that resident #2 administered his own , and it was kept in the refrigerator.

Observations at approximately 11:20 AM revealed that the refrigerator did not have a lock on it. Further observations revealed that inside of the refrigerator there were two bottles of , that were each in plastic bags. They were not in a locked container inside of the refrigerator.

The administrator/owner stated on , at approximately 11:25 AM that she was aware that the , was to be in locked containers.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations and interviews the facility failed to ensure that medications was kept in its properly labeled medication box for 1 of 4 sampled residents (#2)

Findings:

The administrator stated on , at approximately 10 AM, that resident #2 administered his own , and it was kept in the refrigerator.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Care, Inc.	2407 Griffin Court Ocoee, FL 34761	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Observations at approximately 11:20 AM revealed there was a bottle of that was in a plastic bag. Further observation revealed that there was another plastic bag that contained a bottle of R. The bottles were not stored in their prescription labeled boxes.

There was no way to determine who the belonged to and the instructions for use. The administrator/owner stated on at approximately 11:25 AM, that the was not stored in their prescription boxes as required.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on Personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff (C) had at least one hour of training in the facility's policies and procedures regarding that included all of the information in Rule 58A-5.0186, F.A.C.

Findings:

A telephone interview was conducted on at approximately 9:45 AM with Staff C. She was asked at the time if she was aware of what the facility's policies were regarding Staff C stated she was not aware and did not know what a was.

Personnel record review for staff C, who was hired in revealed that there was no documentation to confirm that she had received the training.

The administrator/owner stated on at approximately 10:45 AM, that Staff C had the training and she could not locate the certificate.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 3 of 4 sampled residents (#1, #2 and #3).

Findings:

Resident record review including contracts for residents #1, #2 and #3 revealed that their contracts did not include a statement to inform the residents or responsible party that all residents must be assessed upon admission, every 3 years thereafter, or after a significant change, whichever comes first.

The administrator stated on at approximately 12:30 PM the above information was not included in contracts.

Class

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	08/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Care, Inc.	2407 Griffin Court Ocoee, FL 34761	

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

L241-LMH - Records 58A-5.029(2) FAC
Based on record review and interview the facility failed to ensure that for 2 Of 2 sampled Limited Mental Health residents (LMH) (#1 and #3) who received had an Alternate Care Certification for Form, CF-ES 1006, 1998 in their records.

Findings:

The administrator/owner stated on at approximately 9 AM that resident #1 and #3 were LMH residents and both received

Record review for residents #1 and #3 revealed that there was not a copy of the Alternate Care Certification for Form, CF-ES 1006, 1998 found in their record for review.

The administrator searched the records at the time and stated on at approximately 12:30 PM that the forms were not in their records.

Class

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview the facility failed to ensure that 1 of 3 sampled staff (C) was in compliance with the background screening requirements.

Findings:

Personnel record review for Staff C who was hired in and was required to undergo the Level 2 background screening, revealed that there was no documentation to confirm that she had completed any type of affidavit or documentation attesting, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer per 435.05(2), Florida Statutes.

The administrator/owner stated on at approximately 12:30 PM that she would have the staff complete the affidavit as required.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tender Care, Inc.
2407 Griffin Court
Ocoee, FL 34761

Dear Administrator:

Re: Biennial w/LMH

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 after **2013,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998