



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2013

Administrator  
Tangerine Cove of Brooksville  
307 Howell Avenue  
Brooksville, FL 34601

Dear Administrator:

Re: CCR #2013011066  
CHOW, ECC & LMH

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/27/2013  
FORM APPROVED

|                                                                                                        |                                                                                             |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910431</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>11/14/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Tangerine Cove Of Brooksville</b>                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>307 Howell Avenue<br/>Brooksville, FL 34601</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(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 - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D  
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening: Prohibited Offenses S-S= D

**Specific Tag Findings:**

0000-Initial Comments

On 11/14/2013 and 11/15/2013 an unannounced compliance survey CCR# 2013011066 in conjunction with a Change of Ownership, Limited Mental Health, and Extended Congregate Care Services survey was conducted at Tangerine Cove of Brooksville, 307 Howell Avenue, Brooksville, FL. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

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

Based on observation, interview and record review the facility failed to contact the health care provider regarding the general health for 1 (#22) of 22 residents.

Findings:

An observation of Resident #22 on 11/14/2013 at 3:40 PM revealed Resident #22 taking his medications with the results of 11/14/2013.

An observation of Employee #A on 11/14/2013 at 3:40 PM revealed Employee #A recorded the results of Resident #22's vital signs on the MOR (Medication Observation Record).

An interview on 11/14/2013 at 3:40 PM conducted with Employee #A revealed Resident #22 completes his vital signs twice a day and the pressures run "high." Employee #A stated he has not notified the Health Services Director, Administrator, or Resident #22's physician regarding the results of Resident #22's vital signs. Employee #A stated he had not received education related to results of vital signs that should be reported to the Health Services Director, Administrator, or Residents' physicians.

Record Review of Resident #22's MOR on 11/14/2013 revealed the recorded vital signs at 8:00 AM and 4:00 PM for the period of 11/14/2013 to 11/14/2013 as:

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are noted as LOA (leave of absence).

Recorded 4:00 PM:

Record review of Resident #22's MOR on for the period of to results for the 7:00 AM to 3:00 PM shift and 3:00 PM to 11:00 PM shift revealed:

Recorded 3:00 PM - 11:00 PM:

there are no results recorded

An interview conducted on at 1:08 PM with the Health Services Director revealed education is not provided to the medication technicians to notify the Health Services Director, Administrator, or the resident's physician regarding elevated vital signs. The Health Services Director stated, "I was aware Resident #22's are high. Resident #22's are always high". Resident #22 was last seen by his physician on A copy of the MOR was sent with Resident #22 for his physician's review, and the results are recorded on the MOR. I don't know of Resident #22's physician being notified of

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pressure results since the . . . visit.

Class III

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

Based on record review and interview the facility failed to provide documentation for freedom from . . .  
for 1 (#B) of 3 employees.

Findings:

Record review of Employee # B's employment file conducted on . . . , 2013 revealed Employee B's file did not have the required annual documentation for freedom from . . .

Interview conducted with the Administrator on . . . , 2013 at 1:58 PM revealed the Administrator verified that Employee #B did not have a current statement from a health care provider indicating freedom from . . .

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on interview and record review the facility failed to conduct a required level 2 background screening for 1 (#C) of 3 employees.

Findings:

Record review of Employee #C's employment record revealed Employee #C did not have a required level 2 background screening. Employee #C had a level 1 background screening completed on . . . , 2001.

Record review of the Background Screening Legislation Chapter . . . , Laws of Florida revealed individuals for whom the last screening was conducted on or before . . . 2004, must be re-screened by . . . 2013.

An Interview conducted with the Administrator on . . . , 2013 at 1:58 PM revealed she was not aware Employee #C did not have the required level II background screening. The Administrator verified employee #C had a level I background screening completed on . . . , 2001.

Record review of the background screening web site results for Employee #C for a level II background screening revealed a new background screening is required.

Unclassified