



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Tender Loving Hospitality
125 NE 9th Avenue
Crystal River, FL 34429

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 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 2014 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 Jasmine Hayes, Health Facility Evaluator Supervisor at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953517	(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER Tender Loving Hospitality	STREET ADDRESS, CITY, STATE, ZIP CODE 125 Ne 9th Avenue Crystal River, FL 34429	
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= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

On unannounced biennial survey was conducted at Tender Loving Hospitality Assisted Living Facility in Crystal River Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on Record Reviews and Interviews the facility failed to have completed 1823 Health Assessments for 3 of 11 residents (#3, 4 and 8).

Findings:

On a record review was conducted for resident #3, who was admitted 2013, and it was observed that resident did not have a 1823 Health Assessment in his record. It was observed that resident did have a Physical Exam prior to admission conducted by the Agency for Persons with (APD).

On at approximately 2:00 P.M., an interview was conducted with the Administrator. She indicated that he was a new admission that had been placed by APD, and that she thought the physical exam from APD would suffice. It was explained to her that regulations require that an 1823 health assessment be completed within 30 days of admission.

On a record review was conducted for resident #4, who was admitted to the facility on and it was observed that their health assessment was completed on and was incomplete/inaccurate. Section 1, A, lacked comments regarding to what extent the resident needs supervision with activities of daily living. Section 1 D, healthcare professional responded "No", to question whether the individual's needs can be met in an assisted living facility, which is not a medical, nursing or facility. Section 2 A. Facility indicated in Section 1 A, that resident required Supervision with Bathing, Dressing and Self Care. However, Section 3 documenting needs identified in Sections 1 and 2 was not completed by facility personnel.

On at approximately 3:30 P.M., an interview was conducted with the Administrator. She indicated that the assessment had been done on and she had not reviewed it as yet. She indicated she would address it immediately

On a record review was conducted for resident #8, who was admitted to the facility on Review of 1823 health assessment completed, revealed the form was incomplete/inaccurate. Section 1

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953517	(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER Tender Loving Hospitality	STREET ADDRESS, CITY, STATE, ZIP CODE 125 Ne 9th Avenue Crystal River, FL 34429	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

C, healthcare professional answered "Yes" to question regarding resident requiring 24 hour nursing care. However, in Section 1 D, he subsequently responded "Yes" to question if individuals's needs be met in an assisted living facility, which is not a medical, nursing or facility.

On , at approximately 4:00 P.M., an interview was conducted with the Administrator. She indicated that assessment had been completed , and that she had not reviewed it as yet. She indicated she would address it immediately.

Class III

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

Based on record reviews and interviews the facility failed to have a free from communicable statement for 1 of 2 employees reviewed (#2).

Findings:

On during a record review of facility direct care staff records, it was observed that there was no documentation in the Administrators records, showing she was free from a communicable

On at approximately 2:00 PM an interview was conducted with the Administrator regarding the missing communicable statement. She stated she had one at one time and it must have gotten lost. She stated she will get another one.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record reviews and interviews the facility failed to insure direct care staff had Training for 2 of 2 staff members reviewed. (1 & 2).

Findings:

On during a record review of two direct care staff members training records, it was observed that neither staff #1 or #2 had training documentation.

On at approximately 2:00 PM the Administrator was asked where was the training certificate for training for #1 & #2. The Administrator responded by asking what is that?.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record reviews and interviews the facility failed to provided the minimum update training in Limited Mental Health, for 2 of 2 direct care staff members (1&2).

Findings:

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/14/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953517	(X3) DATE SURVEY COMPLETED 01/30/2014
NAME OF PROVIDER OR SUPPLIER Tender Loving Hospitality	STREET ADDRESS, CITY, STATE, ZIP CODE 125 Ne 9th Avenue Crystal River, FL 34429	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On . during a record review of direct care staff members it was observed that neither Staff #1 or Staff #2 had the minimum update training in LMH.

On at approximately 2:00 PM during an interview with the Administrator, she was asked why the update training for LMH had not been done. She stated it was an oversight on her part.

Class III