STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M H Tender Care Iii	36 Bronson Ln Palm Coast, FL 32137	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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 - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments
A relicensure survey was conducted on , 2014. M H Tender Care III had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record review and an interview with the administrator, the facility failed to ensure that each resident has a health assessment no longer than 60 days prior to and no later than thirty days after admission for two sampled of two residents (#1 and #3).

The findings include:

A review of resident records for #1 and #3 revealed that resident #1 had no documentation of a health assessment, and resident #3 had health assessment greater than 30 days after admisson. This was confirmed in an interview with the administrator on , 2014, at 11:30am.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that all employees are free of communicable including for two of three employees reviewed (Employee A, B).

The findings include:

A review of employee records for A and B had no documentation of freedom from communicable including This was confirmed in an interview with the administrator on , 2014, at 11:30am.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that all employees have received training in and for two of three employees reviewed (A, B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M H Tender Care Iii	36 Bronson Ln Palm Coast, FL 32137	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

A review of employee records for Employee A and B had no documentation of training in ..... This was confirmed in an interview with the administrator on . 2014, at 11:30am.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that all employees assisting with medications received annual 2 hour update training in assistance with the self-administration medications for three of three employees reviewed (A, B, C).

The findings include:

A review of employee records for A, B, and C., had no documentation of a minimum of two hours of continuing education in the assistance with the self-administration training in medication assistance. This was confirmed in an interview with the administrator on . 2014, at 11:30am.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that the administrator has completed the required two hours of continuing education in topics pertinent to food service (Employee C).

The findings include:

A review of employee records for Employee C had no documentation of training in food service during the last twelve months. This was confirmed in an interview with the administrator on . 2014, at 11:30 am.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
M H Tender Care III
36 Bronson Lane
Palm Coast, FL 32137

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 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 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054