STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	03/21/2014
NAME OF PROVIDER OR SUPPLIER **Tender Loving Care Retirement Residence**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 Bon Air St 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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced change of ownership (CHOW) state licensure survey with limited nursing services (LNS) was completed in conjunction with a complaint survey, CCR# 2014000262, on [illegible].

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 record review and interviews, the facility failed to document residents' medical concerns and incidents for 4 (Residents #2, #11, #12, and #13) of 4 residents sampled for record review.

Findings include:

Record review for Resident #2 revealed that he had physician examination reports dated [illegible], and [illegible] which indicated that he was seen for the itching of his skin.

In the interview with Resident #2 on [illegible] at approximately 10:05am, he indicated that he had wanted to see the doctor about his itching. He had itching around the belt-line and arm. He saw the doctor on Wednesday ([illegible]) and he prescribed some lotion, itch medicine. He had not gotten it yet. They (staff) told me the pharmacy would bring it last night but they didn't. Now, they stated the pharmacy will send it tonight.

Interview with Staff A, a supervisor on [illegible] at approximately 3:00pm revealed that the medicine prescribed for the Resident #2's itching had to be ordered. It had not come back yet.

Further review of Resident #2's records specifically the resident's condition log revealed that there was no mention of the resident's complaints of itching. His last notes in the log were dated [illegible].

Review of Resident #11's record revealed that she had been admitted to the facility [illegible]. Her facility records included medical records from a hospital admission on [illegible]. The [illegible] consult note dated [illegible] reported under "history of present illness" that the resident was admitted to the hospital after a [illegible] at home (facility). The chief complaint listed was acute [illegible] failure. The resident's condition log notes did not include information about the circumstances that led to this hospitalization, when she returned to the facility, or any

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followup care she needed after her return. Her last condition log note was dated . The facility log which discussed multiple residents only listed the resident's name and "hospital" on .

Interview with Staff A on / at approximately 3:10pm revealed that Resident #12 had some . He went to rehabilitation (rehab) to get his strength back. He and was kept for 3 days in the hospital and then he went to rehab.

Review of facility internal reports for Resident #12 dated revealed that the resident twice that day (unwitnessed). The first time no injury was noted. The second , the resident complained that he hurt his hip and was sent to the hospital. Review of Resident #12's closed facility records revealed that there were no notes in his condition log about these or his transport to the hospital. His last condition log note was dated .

Review of Resident #13's closed facility records revealed a hospital visit on . The resident's Patient Instructions for Aftercare forms from the hospital indicated that the resident's chief complaint had been a . He also received instructions concerning a head injury. The resident's facility records did not mention the resident's , transport to the hospital, or followup care when he returned to the facility. His last condition log notes were dated .

In the interview with the administrator on / at approximately 4:30pm, she acknowledged the need for improved documentation for residents, but she believed that some of the records for the residents had been put in storage. The staff had been unable to find the records.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interviews, and record review, the facility failed to provide proper assistance with self-administered medications, specifically staff failed to watch the resident take the ordered medications for 1 (Resident #2) of 4 residents sampled related to medications.

Findings include:

Observation of Resident #2's at approximately 10:05am revealed a cup on the resident's bedside table containing about 6 pills along with a small, measuring type, medicine cup containing a yellow liquid.

In the interview with Resident #2 on at approximately 10:05am, he stated that he was so sick yesterday and did not take the medicine. He did not want to take the medicine from last night because he was taking his morning medicine when he realized it.

Review of Resident #2's health assessment, Form 1823 dated / on page 4 revealed that the resident

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needed assistance with self-administration of medications.

In the interview with the administrator on / at approximately 4:30pm, she acknowledge that the staff should watch the resident take the medications. She also stated that she spoke with the staff member that gave the resident the medications, Staff D, about it.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record reviews and interview, the facility failed to ensure that all staff had completed the required in-service training within 30 days of hire for 2 (Staff D and E) of 3 staff members sampled for employee review.

Findings include:

Review of Staff D's employee record revealed her date of hire was / . There was no documentation of completion of in-service training for activities of daily living and resident behavior and needs (3 hours training), emergency preparedness and evacuation (1 hour training), and resident rights (1 hour training).
Review of Staff E's employee record revealed her hire date was . There was no documentation of completion of in-service training in elopement response (1 hour training).
In the interview with the administrator on / at approximately 4:30pm, she acknowledged the missing documentation for the in-service training.

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure all staff working in the secured unit received the required 4 hours of intial training in and related (ADRD) Level 1 training within 3 months of hire and 4 hours of ADRD Level 2 training within 9 mnths of hire for 1 (Staff E) of 3 staff members sampled for employee review.

Findings include:

Review of Staff E's employee record revealed that her date of hire was . There was no documentation of completion of Level 1 or Level 2 ADRD training in her record.
Interview with administrator / at approximately 4:30pm revealed that she acknowledged this lack of training documentation.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

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

Dear Administrator:

Re: **CCR# 2014000262** & CHOW with LNS

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) that were conducted on 20-21, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint survey, and the deficiencies that were identified relative to the CHOW with LNS. 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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