STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967214	05/09/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M H Tender Care, Inc #2	9 Ponderosa Lane Palm Coast, FL 32164	
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 - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial survey was conducted on . . . . . at MH Tendercare II in Palm Coast, Florida. Deficiencies were identified during the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview the facility failed to obtain a completed Resident Health Assessment on AHCA form 1823 for 1 of 6 sampled residents.

The findings include:

A record review for Resident #4 on . . . . revealed the Resident Health Assessment form dated was not completed indicating if the resident ' s needs could be met in an ALF or what type of assistance was needed with medications.

An interview was conducted with the Administrator at 2:00p.m. on . . . . . and she confirmed the information was missing.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, resident record review and staff interview, the facility failed to ensure that unlicensed staff did not provide assistance with self-administration with "as needed" (PRN) medications to 4 out of 6 sampled residents (Residents #2, #3, #4 and #5) in situations wherein unlicensed staff would have to exercise independent judgment.

The findings include:

1) Record review for Resident # 2 revealed the AHCA 1823 form dated . . . . . was checked as resident needs assistance with medication administration and was signed by the physician. Resident #2 had an order for the medication . . . . 0.5 milligram (mg) every 8 hours as needed. Review of the 2014 Medication Observation Record (MOR) for Resident #2 revealed the medication was given everyday by the medication

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technician (MT), an unlicensed staff.

2) Record review for Resident #3 revealed an as needed order for 25mg four times a day for itching. The MOR for Resident #3 for 2014 revealed one dose given on by the MT.

3) Review of the orders for Resident #4 revealed the following medications were ordered "as needed": 0.5mg every 6 hours as needed for tablets 1-2 tablets (tabs) as needed for 325mg 1-2 tabs every 4 hours as needed, Hyosyano .125mg 1 tab every 8 hours as needed for excess secretions and 25mg as needed for itching.

Review of the 2014 MOR for Resident #4 revealed 0,5mg was given on tabs given everyday, 325mg given two days on 5/1 and and 25mg was given once daily by the MT.

4) Record review for Resident # 5 revealed the AHCA 1823 form dated was checked as resident needs assistance with medication administration and was signed by the physician. Review of the medication orders revealed the following as needed medications: im .25mg three times daily and three times daily as needed. The MOR for 2014 for Resident #5 revealed given two times a day .25mg given daily

An interview was conducted with the MT on at 11:30am. When asked if the residents were able to verbalize the need for as needed medications , she stated "no" she just knows when they are in pain or restless.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and staff interviews the facility to provide the services of a licensed nurse for residents determined to require assistance with medication administration for 3 of 6 sampled residents (Resident # 2, 3 and 4).

The findings include:

1) Record review for Resident # 2 revealed the AHCA 1823 form dated was checked as resident required medication administration and was signed by the physician.

2) Record review for Resident # 4 revealed the AHCA 1823 form dated was checked as resident required medication administration and was signed by the physician.

3) Record review for Resident # 5 revealed the AHCA 1823 form dated was checked as resident needs assistance with medication administration and was signed by the physician.

An interview was conducted with the Administrator at 2:10pm on She was asked if any of the residents were administered medications by a licensed nurse. She stated "no" they only have a medication technician. When asked if she was aware that the AHCA 1823 indicated that Residents # 2, 4 and 5 required medication

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administration. She stated "no" but added that she must have made an error when filling out the forms. She confirmed that the physicians had signed the orders with the box checked that stated they needed medication administration.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and staff interview the facility failed to ensure medications were documented at the time of administration for 1 of 6 sampled residents. (Resident #1)

The findings included:

During observation of medication pass on at 11:45am, the Medication Technician (MT)did not have the medication administration records available to ensure the correct medications were given and to document what medications when given. Review of the Medication Observation Record for 2014 revealed that none of the Resident #1's medications had been recorded.

An interview was conducted with the MT on at 11:50am. When asked if Resident #1 had received his medications this month, she stated "yes" she gives them everyday, she lives at the facility. When asked why the medications were not documented she stated she must have forgot. When asked how does she know what medications to give, she stated she knows them from memory.

An interview was conducted with the administrator on at 2:30pm. When asked what was the procedure for documenting medications. She stated the medications are to be documented when given. When asked if she was aware that Resident #1's medication had not been recorded for the month of she stated "no".

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and staff interviews the facility failed to ensure that centrally stored medications were kept locked and secured.

The findings include:

1. During the tour of the facility on at 8:50am, Employee #3 was asked where the resident medications were stored. She stated they were in the cabinet in the kitchen. Upon inspection of the cabinet it was found unlocked and the two drawers were easily opened. The medications included controlled substances. Employee #3 was asked who had the keys, she stated they were in the desk drawer in the living She confirmed that the medications were unlocked.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observations and staff interviews the facility failed to follow the approved menus to ensure adequate protein intake for 6 of 6 sampled residents. (Residents #1, 2, 3, 4, 5 and 6)

The findings include:

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The lunch meal was observed on at 12:15pm. There were 6 residents present, including one who attends the daycare program. The meal consisted of a vegetable soup, with mostly noodles , no meat, a sandwich with 2 thin slices of ham with mayonnaise on white bread and small dish of applesauce for dessert. The only fluid offered was water.

Review of the approved facility menu for the lunch meal revealed 3 ounces of veal patty, 1 small yam, 1/2 cup broccoli, 1 small dinner roll, 1/2 cup strawberries and bananas and 8 oz glass of fat free milk was to be served.

An interview with caregiver was conducted on at 12:40pm. When asked why the residents were not served milk or cheese on the sandwich she stated the residents could not have dairy products because they all get When asked what were they given as a substitute for the milk she stated they have juice. She stated the facility uses evaporated milk to cook and in the coffee. The only protein served at the meal was two thin slices deli ham on the sandwich. When asked if the residents physicians were aware of the inability to tolerate dairy and were there specific diet orders to restrict dairy products, she did not know. She was asked if the dietitian had been consulted to adjust the menu, she did not know, however the menu posted and signed by the registered dietitian indicated dairy products to be served at every meal. When asked what were the residents served for breakfast she stated oatmeal made with water, bagel, coffee and juice. When asked if the residents were served any items with protein, she stated they had oatmeal and bagels. The menu called for 4 oz juice, 1/2 cup cooked cereal, 1 egg, toast with jelly and 8 oz milk.

Review of the physician orders for Residents #1, 2, 3, 4, 5 and 6 revealed residents were ordered regular diets with no restrictions.

An interview was conducted with the owner/administrator on at 3:30pm. When asked if she was aware that the residents were not being served dairy products and only minimal amounts of protein foods, she stated the residents did receive dairy products. She then asked Employee #3 about the serving of dairy. The reply given by Employee #3 that all the residents get from milk products, so they don't get milk, cheese or ice cream. The owner stated that some mornings she comes and serves breakfast and she puts cream cheese on bagels so they do get some dairy. The owner was asked why the residents were only served water with the meal she stated they can have juice. No other fluids were offered at the noon meal.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
M H Tender Care, Inc #2
9 Ponderosa Lane
Palm Coast, FL 32164

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

KJ/JM/sm
Enclosure

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