STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965464	06/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
M H Tender Care I	9 Wainwood Place 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 - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial survey was conducted on at M.H. Tendercare in Palm Coast Florida. Deficiencies were identified during the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on staff interview and observation the facility failed to provide a licensed nurse to manage and fill pill organizer for 1 of 6 sampled residents. (Resident #5).

The findings include:

An observation of Resident #5's at 9:15 am revealed the following: an empty bottle of (---------) was found on the bedside table, beside the bottle were 3 small light brown colored pills. A full bottle of Baclafen (muscle relaxant) was found on the top of the dresser. A weekly pill organizer with multiple pills inside was observed in an open suitcase on the floor.

The Medication Technician/Manager (MT) was present during the observation and was asked why the medications were left at the beside. She was also asked who filled the pillbox for the week. She stated the resident had an order to keep her pillbox at the beside so she could take her own medications. She also stated she filled the pillbox every week for the resident. She was asked if she documented the date and time the pillbox was filled in the residents record, she stated she did not.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff and resident interviews the facility failed to secure prescription medication for Resident #5, potentially posing a safety hazard to other residents.

The findings included:

An observation of Resident #5's at 9:15 am revealed the following: an empty bottle of (---------) was found on the bedside table. Beside the bottle were 3 small light brown colored pills. A full bottle of Baclafen 20mg (muscle relaxant) was found on the top of the dresser. A weekly pill organizer with multiple pills inside was observed in an open suitcase on the floor. Resident #5 did not have a private did not lock the she left the facility in the morning leaving the medication unsecured and a potential hazard to residents.

An interview was conducted with the Medication Technician (MT) on at 9:30 am. When asked if she was aware Resident #5 had a bottle of on the dresser. She stated "yes" the medication was discontinued and

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was no longer taking it. She was asked who filled the pillbox, she stated "she did". When asked about the loose pills on the night table, she did not know.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
M H Tender Care I
9 Wainwood Place
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 3, 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 -4201.

Sincerely,

Jana Meyering

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

KJ/JM/sm
Enclosure

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