STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	03/04/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Loving Care Retirement Residence	**747 Bon Air Street Lakeland, FL 33805**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

Assisted Living Facility

Two complaint surveys, CCR# 2014012264 & CCR# 2015001611, were conducted on .

Tender Loving Care Retirement Residence, assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review the facility failed to provide proper care and supervision appropriate to need for one (Resident #3) of three Residents to prevent .

Findings include:

A review of Resident #3's medical records reveals that the resident was admitted into the facility on and the health assessment form (AHCA1823) dated for Resident #3 reveals a medical history and diagnoses of a history of , ( ), T-12 , and with a . With physical or sensory limitations indicating the use of a walker, reading glasses and a wheel chair as needed. For or behavior status, the resident is alert and orientated to person, place and time with forgetfulness and at times. Nursing/treatment/ services requirements reveal physical , occupational and skilled nursing with home health. Special precaution section reveals a precaution.

Activities of daily living section reveals A (needs assistance) for ambulation, bathing, dressing, self-care (_), toileting, transferring and precautions listed by each care area.

A review of report dated / at 6:50 p.m., reveals the resident lost her balance and and cannot walk and is in pain. On 2:15 a.m., reveals the resident stated she around 10:00 p.m., hit her head on the dresser got back into bed, didn't report until around 1:40 a.m.

A review of the facility condition logs dated - reveals on , the resident was sent to the hospital due to a . On , the resident was admitted into the hospital related to the .

A review of the hospital records from Lakeland Regional Medical Center dated / , emergency note reveals; female admitted for evaluation of (fainting). Walk She face down on the floor while walking she then lost and tried to get up but could not walk she again on her back. She reports that she about Two (2) weeks ago but did not lose that time.

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Review of medical tests ordered during the / emergency for a routine lumbar spine (back) x-ray reveals a; compression of the presumed T-12 (back) of indeterminate age, T-11 (back) anterior wedge compression with about 20 % loss height and some mild displacement upper body cortical margin causing some mild spinal canal narrowing, minimal compression of T-10 age indeterminate.

A review of the consult dated / at 9:34 a.m. reveals "When I (the) spoke to the patient she was alert interactive. She said she was crocheting then got up and subsequently twice in her apartment with a brief loss of ."

A review of the hospital social worker consult reveals; Social received a consult due to the patient being admitted from the assisted living facility. The social worker spoke to RN (register nurse) who reported that the she (resident/patient) is from Tender Loving Care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015001611 and CCR #2014012264

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2015 by representative(s) 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 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,

Paul Brown

for Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State (5000-3547) Form

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