RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
K Y R Tender Care, LLC
429 East Idlewild Avenue
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967552	08/18/2015
NAME OF PROVIDER OR SUPPLIER **K Y R TENDER CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **429 E IDLEWILD AVE** **EUSTIS, FL 32726**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Biennial Licensure survey was conducted on at KYR Tender Care, an Assisted Living Facility in Eustis. Deficient practice was identified at the time of the survey.

0008 Admissions - Health Assessment

Based on interview, and record review, the facility failed to obtain omitted information for health assessments (AHCA form #1823) were completed for 2 of the 2 resident records(Resident #1 and #3).

Findings:

An interview on at 2:41 PM was conducted with the owner manager who stated that she had never reviewed the 1823 forms for there completeness. She confirmed that the health assessment dated was the current health assessment for resident #1, and that she did not see an attachment for resident #1 health assessment.

A review of Resident #1's health assessment (AHCA form 1823) showed Resident #1's health assessment dated did not reveal documentation of the residents elopement risk or a current list of medications. Under section (A) of the 1823 form reads please list all current medications prescribed below (additional pages attached): was a typed message that read physician must provide written prescriptions for Assisted Living Facility patients and complete the discharge instructions medications new medication list. There was no additional pages attached listing the medications.

A review of Resident #3's health assessment (AHCA form 1823) showed Resident #3 health assessment dated did not show documentation of the residents assistance needed with taking her medications Section B.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility failed to ensure physician's orders were followed for 1 of 4 sampled residents (Resident #1) who required the service of being weighed daily.

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Findings:

During the clinical record review of Resident #1's Form 1823 dated showed the resident needs daily weights for the next 30 days, then weekly for 2 months, then every 3 months.

A review of the resident #1 weight record did not show that the resident was weighed daily since his return to the facility on .

A review of Resident #1's progress notes failed to have documentation that the resident refused to be weighed since his readmission to the facility on .

An interview was conducted on at 2:41 PM with the facility Owner. She confirmed that the facility had not weighed Resident #1 since his return to the facility on .

Class III

0056 Medication - Labeling and Orders

Based on observation, interview and record review the facility failed to follow physicians orders for 1 of 4 sampled residents (Resident #3).

Findings:

During observation of the medication pass with the Administrator assisting Resident #3 with the self-administration of medication the Administrator provided Resident #3 medication 500 MG at 11:52 AM. Resident #3 took the medication and swallowed it. A review of the medication label for for Resident #3 confirmed that the Resident received 500 MG. The label read that the medication should be given at 8:00 AM, 2:00 PM and 8:00 PM. (photographic evidence obtained). A review of Resident #3 medication observation record (MOR) showed that Resident #3 should have received the medication at 2:00 PM. A review of the medication orders for Resident #3 showed the order was for 500 MG to be administered twice a day.

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A review of the Medication Administration Record (MOR) showed that Resident #3 was to be administered the medication 500 MG one tablet by mouth three times a day at 8:00 AM, 2:00 PM, and 8:00 PM. A review (see photographic evidence) of the medication packaging showed that the resident was to have the medication administered at 8:00 AM, 2:00 PM and 8:00 PM.

An interview on at 12:39 PM with the Administrator she confirmed Resident #3 physicians order on the AHCA form (1823) dated showed that the resident was to take the medication 500 MG twice a day. The Administrator stated that the resident has taken 500 MG by mouth three times a day for years. The facility was unable to locate a prescription to show that the resident was to have 500 MG at 8:00 AM, 2:00 PM, and 8:00 PM.

Class III

0162 Records - Resident

Based on observation, interview and record review the facility failed to ensure that a physicians order for medication was obtained for 1 of the 3 Residents (Resident#1) and to follow physicians orders for 1 of 3 residents (Resident #3).

Findings:

During observation of the medication pass with the Administrator who was assisting Resident #1 with the self-administration of medication on at 2:06 PM the Administrator provided Resident (#1) with 500 MG by mouth. The Resident refused to take the medication stating that he does not take and does not take any medication this time of the day.

A review of Resident #1 medication observation record did not show that the resident was to receive 500 mg by mouth. There was no physicians order to show that the Resident was to take 500 MG.

An interview on at 2:41 PM with the Administrator she confirmed that there was no physicians order for resident #1 to receive 500 mg by mouth.

Class III