RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Tlc Family Care Home
34017 South Haines Creek Road
Leesburg, FL 34788

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,

Kriste 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
	AL11968089	10/09/2015
NAME OF PROVIDER OR SUPPLIER **TLC FAMILY CARE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **34017 S HAINES CREEK RD** **LEESBURG, FL 34788**	

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

0000 Initial Comments

On , 2015 through , 2015 a biennial re-licensure survey was conducted at TLC Family Care Home in Leesburg FL. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record reviews and interviews the facility failed to obtain omitted information for 2 of 2 residents 1823 health assessment form for residents #1 and #2.

Findings:

On a record review was conducted on resident #1 1823 health assessment dated . It was observed that page 2 for activities for daily living was missing required comments and page 5 was missing entirely from the assessment.

On a record review was conducted on resident #2 1823 health assessment which was missing the date completed by the Advanced Registered Nurse Practitioner. Page 2 was missing required ADL comments.

On at approximately 1:26 PM an exit interview was conducted with staff A (designee in charge). She was asked why the omitted information was not obtained from resident #1 & #2 1823 health assessment. She had no further information.

Class III

0010 Admissions - Continued Residency

Based on record reviews and interviews the facility failed to provide an interdisciplinary care plan for 2 of 2 residents receiving hospice services for resident #1 and #2.

Findings:

On a record review was conducted on resident #1 who is receiving hospice services from Corner Hospice. It was observed that there was a hospice care plan but no interdisciplinary care plan between the hospice provider and the facility for the resident.

On a record review was conducted on resident #2 who was receiving hospice services from

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Corner Hospice. It was observed that there was a hospice care plan but no interdisciplinary care plan between the hospice provider and facility for the resident.

On at approximately 1:26 PM employee A (the staff in charge) was asked if she could provide a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility for either resident. Staff A stated she had no further information.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observations and interviews the facility failed to conduct activities as required for 5 of 5 residents (#1, 2, 3, 4, and 5).

Findings:

On at approximately 11:45 AM a tour of the facility was conducted. It was observed that the activities calendar posted in the facility was for 2015 (photo taken).

On at approximately 1:46 PM an interview was conducted with resident #3 about the facility activities. She stated she doesn't move fast enough to do activities, nor does she know about the facility activities.

On at approximately 2:02 PM an interview was conducted with resident #2 about the facility activities. She stated they watch TV and they had a person come and sing for them today. She doesn't know anything about activities.

On at approximately 3:59 PM an interview was conducted with resident #4 & 5 (husband & wife) about the facility activities. Resident #4 stated the facility does not offer much activities. We do exercises once in awhile, and they had someone come and sing for us, which was the first time. I keep myself busy feeding the birds (which is not on the activities calendar).

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observations and interviews the facility failed to post all required complaint numbers for lodging complaints for 5 of 5 residents in the facility for #1, 2, 3, 4, & #5.

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Findings:

On at approximately 11:45 AM during a tour of the facility it was observed that the complaint numbers for the Rights and the Agency Consumer Hotline were not posted in the facility as required.

On at approximately 1:26 PM staff A was asked to show where the Rights number and the Agency Consumer Hotline number were posted. She stated they were not posted, just the Ombudsman number and number was.

Class III

0081 Training - Staff In-Service

Based on record reviews and interviews the facility failed to provide the required in-service training for 1 of 2 direct care staff for staff B.

Findings:

On a record review was completed for direct care staff B. It was observed that B was hired but did not have any of her in-service documentation in her training file. Observed in her training file was a hand written note stating "You need to complete the following courses ASAP:
1. Neglect .
2. Assistance with ADL's + Resident Behavioral Needs.
3. Elopement and Wandering 4. Significant Changes; Major Incidents & Adverse Incident Reporting".

On an interview was conducted with staff A (designee in charge) in reference to staff B missing in-service training documentation. She stated she does not know where the documentation is or if she took the required training.

Class III

0082 Training - /

Based on record reviews and interviews the facility failed to provide documentation showing 1 of 3 staff members received / training for staff B.

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On a record review was conducted on direct care staff B who was hired / . It was observed she had no training documentation in her records.

On at approximately 1:26 PM staff A (designee in charge) was asked if she could provide the training documentation for staff B training. She stated she did not know where it was nor was she sure if staff B had received the required training.

Class III

0161 Records - Staff

Based on record reviews and interviews, and observations the facility failed to maintain a copy of the background screening record as required for 1 of 3 staff members for staff C.

Findings:

On a record review was conducted on staff C who was hired . It was observed that she did not have a copy of her level II background screening in her file.

On at approximately 12:00 PM staff A was asked if she knew where staff C copy of her background screening was. She was observed to call the Administrator who told her to print it of the Agency website, but staff A was unable to do so.

Class III

N276 LNS - Nursing Services

Based on observations, interviews and record reviews the facility failed to insure that licensed staff performed limited nursing services (LNS) as required for 1 of 5 residents for resident #1.

Findings:

On at approximately 11:45 AM during a tour of the facility it was observed that the facility license with LNS was posted as required.

On at approximately 3:42 PM an interview was conducted with staff A who is a home health aide. She stated resident #1 has a bag and is on hospice services. She does empty the bag

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for the resident and cleans it up. She stated unlicensed staff has changed the wafer out on the because the hospice nurse was unable to come to the facility.

On at approximately 1:05 PM an interview was conducted with unlicensed staff C. She stated that resident #1 has a bag and that a nurse from hospice cares for it, but if we can't get a nurse we clean it it up and change the bag and wafer.

On a record review was conducted on resident #1 and it was observed that her 1823 health assessment dated shows the resident has a (the resident was unable to give an interview).

Class III