RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tender Loving Hospitality
125 NE 9th Avenue
Crystal River, FL 34429

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 , 2016.** 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953517	03/03/2016
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING HOSPITALITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NE 9TH AVENUE** **CRYSTAL RIVER, FL 34429**	

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

0000 Initial Comments

On , 2016, an Abbreviated Biennial Licensure Survey with Limited Mental Health was conducted at Tender Loving Hospitality Assisted Living Facility. Deficient practice was identified, the facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observations and interviews, the facility failed to follow proper procedures when assisting a resident with assistance with self-administration of medication for 1 of 1 residents (Resident #5).

Findings:

On at approximately 12:30 PM, the Administrator was observed to assist Resident #5 with self-administration of medication. She read the prescription label then popped the pills from the pack into her bare hand and handed the medication to the resident.

On at approximately 12:34 PM, the Administrator was asked why did she place Resident #5's medication in her bare hand and not in his. She stated he gets real shaky and can drop his medication when she tries and put it in his hand. She was asked why she does not place the medication into a small cup and hand it to the resident. She said she was told she could not do that.

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have freedom from communicable statement and an annual negative screening 2 of 3 staff (Staff A and C).

Findings:

On a record review was conducted on direct care staff, Staff A, who is the Administrator/owner, and on Staff C, who was hired / . It was observed that Staff A had no freedom from communicable statement in her record. Staff C had no freedom communicable statement in her record and her current screening had expired on .

On at approximately 4:30 PM, the Administrator stated she cannot find hers or Staff C's freedom from communicable statements. She said Staff C's expired screening is

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953517	03/03/2016
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING HOSPITALITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NE 9TH AVENUE** **CRYSTAL RIVER, FL 34429**	

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

the most current screening.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide all the required in-service training for 2 of 3 staff (Staff B and C).

Findings:

On , record reviews were conducted on Staff B, who was hired / / , and it was observed she had only 1 hour of Activities of Daily Living (ADL)/Behavior Needs Training. It was observed that Staff C, who was hired / / , had no documentation in her record showing she had received ADL/Behavior Needs training. Staff C had no documentation showing she had received Elopement Response Training, or Resident Rights Training.

On at at 3:45 PM, Staff B confirmed she only had 1 hr of training for ADL/ Behavior Needs Training.

On at approximately 4:30 PM, an interview was conducted with the Administrator in reference to the missing in-service training documentation for Staff C. She stated she could not find the missing training documentation and she could not remember if the Staff C received the missing training or not.

Class III

L241 LMH - Records

Based on record review and interview, the facility failed to have a Community Supportive Living Plan and Agreement for 2 of 4 Limited Mental Health (LMH) residents (Residents #1 and #7).

Findings:

On , a record review was conducted on LMH resident, Resident #1. The record review showed that Resident #1 is receiving Optional State Supplement ( ). It was observed that Resident #1 did not have a Community Supportive Living Plan or a Agreement in the record.

On , a record review was conducted on LMH resident, Resident #7, who has received Optional

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953517	03/03/2016
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING HOSPITALITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NE 9TH AVENUE** **CRYSTAL RIVER, FL 34429**	

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

State Supplement ( ) since . It was observed that he did not have a Community Supportive Living Plan or Agreement in his record.

On at approximately 1:26 PM, an interview was conducted with the Administrator. She confirmed the lack of a Community Supportive Living Plan or a Agreement for LMH residents, Residents #1 and #7. She confirmed both residents receive . She stated she does not have any documentation showing she has requested a Community Supportive Living Plan or a Agreement for either resident. She stated she did not know she needed to request the Community Supportive Living Plan.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure that staff received the required Limited Mental Health (LMH) Training as required for 2 of 3 staff (Staff B and C).

Findings:

On record reviews were conducted on Staff B, hired on / / , and Staff C, hired on / / . It was observed that Staff B received 6 hrs of LMH Training on . There was no further documentation that Staff B had received any required LMH updated training since 2006. Record review showed that Staff C received only 3 hours of LMH training since her start date.

On at 3:45 PM, during an interview with Staff B, she confirmed that she has not received any LMH updated training since 2006.

On at approximately 4:30 PM, the Administrator confirmed that Staff C has only had 3 hours of LMH training..

Class III

Z816 Background Screening-Compliance Attestation

Based on record review and interview, the facility failed to obtain a Level II Background Rescreening for 1 of 3 care staff (Staff B).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953517	**03/03/2016**
NAME OF PROVIDER OR SUPPLIER **TENDER LOVING HOSPITALITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **125 NE 9TH AVENUE CRYSTAL RIVER, FL 34429**	

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

On , a record review was conducted on care staff, Staff B, whos was hired on / . It was documented that her Level II Background Screening last completed on and was currently expired.

On at approximately 5:10 PM, the Administrator was asked if she knew that Staff B's Level II Background Screening was expired. She stated if AHCA hadn't come to do the inspection so early she would have gotten a rescreening.

Unclassified