STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966284	05/16/2016
NAME OF PROVIDER OR SUPPLIER **TENDER TOUCH HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 ALCAZAR DRIVE** **MIRAMAR, FL 33023**	

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

0000 Initial Comments

An unannounced abbreviated re-licensure survey was conducted on 5/16/2016 at Tender Touch Home Care, Inc. The facility had deficiencies at the time of the visit.

0055 Medication - Storage and Disposal

Based on observation, interview, and record review, it was determined that the facility did not dispose resident's medications within 30 days after the residents were discharged from the facility during observations of the facility's medication storage.
The findings include:
During an observation of the facility's medication storage on / at 10:10 AM with the Administrator present; the medication storage contained the following medications that had previous residents' names torn off of the medication labels: Levoflaxacin 500 mg, 20 MeQ, and 500 mg.
During an interview on with the Administrator, she stated she did not dispose the medications because the relatives of the residents that were discharged stated they would pick up the medications. The Administrator stated the residents were discharged from the facility since last year. The Administrator stated the medications belonged to two discharged residents that were discharged last year but she could not identify which medications belonged to the discharged residents.

On at 10:15 AM the Administrator acknowledged the inappropriate storage of medications that were not disposed within 30 days after a residents' discharge.

Class III

0078 Staffing Standards - Staff

Based on interview and review of the employee records the Administrator of the facility failed to maintain her annual statement from a physician, stating free from ( ).

The findings included:

Record review of the Administrator's employee file revealed her date of hire was . The record review found a chest X-ray dated for . Further review revealed the Administrator's file lacked documentation indicating evidence of a negative examination on an annual basis for year 2016.

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In an interview with Administrator on 5/16/2016 at approximately 2 PM, she acknowledged the finding.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tender Touch Home Care, Inc.
1801 Alcazar Drive
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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