STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	05/04/2016
NAME OF PROVIDER OR SUPPLIER **TLC HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15101 SW 87 AVENUE** **MIAMI, FL 33176**	

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

0000 Initial Comments

A standard biennial survey was conducted on , 2016. TLC Home Inc. (license #5898) had the following deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to provide a completed Health Assessment (AHCA form 1823) documenting what type assistance with medication administration needed one (Resident #1) out of the six sample residents.
Finding included:
Review of Resident #1's record on at 10:48 AM revealed admission date was on and Health Assessment for Resident #1 was incomplete and it did not show what type of assistance Resident #1 needed for medication administration.
In an interview on at 11:02 AM the Administrator stated that the Health Assessment form 1823, was not completed correctly for Resident #1.
Class III

0054 Medication - Records

Based on record review and interview, the Assisted Living Facility failed to immediately update each time the medication was offered or administered for one (Resident #3) out of six sampled residents.

Findings included:

Review of Resident #3's Medication Observation Record revealed that medicines scheduled at 8 AM were not initialed as given and 600 was not initialed as given at 8 AM on neither on .
In an interview on at 9:44 AM Caregiver D revealed that Resident #3 sometimes refused in the morning but it was not documented.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the Assisted Living Facility failed to appoint in writing a separate Manager for each facility, Administrator supervised three facilities.

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Findings included:

Review of Florida Health Finder website revealed that the Administrator supervised three Assisted Living Facilities. The Assisted Living Facility failed to appoint in writing a separate manager for each facility.

In an interview on at 11:55 AM the Administrator revealed that the facility did not have a Manager.

Class III

0079 Staffing Standards - Levels

Based on observation and record review, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern.

Findings included:

Observation on at 9:23 AM revealed Caregiver A was in the facility alone with Residents #1, #2, #3, #4, #5, and #6.
In an interview on at 9:23 AM Caregiver A revealed Caregiver A was alone and stated "Caregiver D is coming. Give me a minute I have to help the lady from hospice please wait for Caregiver D."

Observation on at 9:27 AM revealed Caregiver D walked in the back door next to storage

Observation on at 10:24 AM revealed that the Administrator arrived.

Review of facility's record revealed that work schedule for week starting on revealed that on Caregiver D worked from 7 AM, Caregiver C worked from 11 AM to 7 PM, Caregiver A worked from 8 AM to 4 PM.

Class III

0093 Food Service - Dietary Standards

Based on record review, observation, and interview, the Assisted Living Facility failed to serve therapeutic diets as ordered by the health care provider for one (Resident #4) out of six sampled residents.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Review of Resident #4's record revealed Resident #4 admission date was and received hospice services since / . Resident #4 had a diet of Soft to Puree as tolerated.

Observation on at 3:12 PM revealed Resident #4 sat in the table in the kitchen eating two cookies with M& .
In an interview on at 3:14 PM the Administrator revealed that they always put the cookies in the tea to make them soft. She stated "believe me, we do."
The Administrator on at 3:14 PM asked to Caregiver G where was Resident #4's tea.
Caregiver G answered: "He finished it".
Observation on at 3:15 PM, prepared a cup of tea mixed it with thicker and placed it next to Resident #4, placed the left cookies inside the tea, wet it and Resident #4 ate it.
Class III

Z814 Background Screening Clearinghouse

Based on observation, record review, and interview, the Assisted Living Facility failed to update employment status within 10 business days in the background screening's clearinghouse.
Findings included:
Observation on at 9:23 AM revealed that Caregiver A in the facility alone with Residents #1, #2, #3, #4, #5, and #6.

Review of the facility's work schedule for the week of / revealed that on Caregiver A worked from 8 AM to 4 PM, Caregiver C worked from 11 AM to 7 PM, and Caregiver D worked from 7 AM.

Review of Background screening website for providers showed that facility's employee roster showed Caregiver E and Caregiver F. The facility failed to update employment status within 10 business days in the background screening's clearinghouse for Staff A, C, and D.
In an interview on at 9:41 AM Caregiver D revealed that the facility was waiting for the Consultant to update employer roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tlc Home, Inc
15101 Sw 87 Avenue
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a standard biennial licensure survey that was conducted on , 2016 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. **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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

XG90

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