STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965464	06/06/2016
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 WAINWOOD PLACE** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On , 2016 a biennial relicensure survey was conducted at M H Tender Care I (License #9901) in Palm Coast Florida. Deficient practice was identified during the surveys.

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and staff interview the facility failed to provide evidence of updated medication training for 1 of 3 employees reviewed. (Employee C).

The findings include:

A review of the personnel file for Employee C on revealed a hire date of . There was found a certification for medication assistance training that expired on . Medication update training must be completed annually.

During an interview with the Administrator on at 1:30 PM she acknowledged that documentation demonstrating a current medication training was not in the file of Employee C and that the training had expired.

Class III

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the facility failed to ensure that 3 of 3 sampled employees were listed on the facility's employee roster on the Agency for Health Care Administration background screening website.

The findings include:

A review of Employee A's personnel file revealed a hire date of / / and an eligible level II background screening dated / . A review of Employee B's personnel file revealed a hire date of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965464	**06/06/2016**
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE I**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 WAINWOOD PLACE** **PALM COAST, FL 32164**	

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

and an eligible level II background screening dated . A review of Employee C's personnel file revealed a hire date of and an eligible level II background screening dated .

A review of the Agency for Health Care Administration background screening website on at 11:30 AM revealed that the facility did not have any of the current employees listed under the facility employee roster.

In an interview with the Administrator on at 11:30 AM, she confirmed the findings stating that she was not sure how to access the website and make the changes.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
M H Tender Care I
9 Wainwood Place
Palm Coast, FL 32164

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 surveyor. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/JM/sm
Enclosure
XG90

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida