STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967214	04/25/2016
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE, INC #2**	STREET ADDRESS, CITY, STATE, ZIP CODE **9 PONDEROSA LANE** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On [redacted], 2016 a biennial relicensure survey was conducted at M.H. Tender Care #2 Assisted Living (License #11336). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on resident record review and staff interview, the facility failed to have a complete and accurate Health Assessment (1823 form) for two Residents (Resident #1 & Resident #3) out of two records reviewed.

The findings include:

A record review was conducted for Resident #1 and it revealed a Florida Health Assessment (1823 form) signed by the physician and dated [redacted]. The first page was not found and on page 2 the physician wrote "Resident needed 24 hour oversight for safety".

An interview with the Administrator at 12:18 PM confirmed the first page of the 1823 form was missing. She stated, "I was looking through the files last night and realized it was missing. We had it, but I don't know where it is." The Administrator also confirmed the resident was listed as needing 24 hour oversight and the 1823 was not accurate and this disqualified the resident to live in assisted living.

An observation was conducted on [redacted] at 12:55 PM of the Administrator assisting Resident #3 with his noon medications.

A record review was conducted for Resident #3 and it revealed an 1823 signed by the physician and dated [redacted]. The physician marked Resident #3 as not requiring assistance with medications. (Photographic evidence obtained)

An interview with the Administrator on [redacted] at 1:11 PM confirmed the facility assist Resident #3 with his medications and the 1823 that was in his record was not accurate and needed to be updated.

CLASS III

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0026 Resident Care - Social & Leisure Activities

Based on observation, record review and staff interviews, the facility failed to have an activity calendar posted and failed to have a total of more than 12 hours per week for 6 days of scheduled activities.

The findings include:

An initial tour was conducted of the facility on at 8:50 AM. An activity calendar was not seen posted in the facility.

An interview was conducted with Resident #5 on at 10:30 AM who informed this surveyor all she does is watch TV and there are no activities on a daily basis for her to do.

An interview on at 10:48 AM with Employee A, CNA (Certified Nursing Assistant), who works 24 hours a day Monday - Friday, confirmed she was not aware of a posted activities calendar and stated "The Administrator knows where that is."

An interview with the Administrator on at 11:39 am confirmed an activity calendar was not posted. She stated, "I don't know where it is. My employee who worked 6 years for me just got up and left and took a lot of stuff with her."

An observation was conducted from the time of entrance (8:45 am) to time of exit (2:00 PM). No activities were seen being conducted with the residents.

CLASS III

0030 Resident Care - Rights & Facility Procedures

Based on observations, record reviews and staff interview, the facility failed to obtain a physician order for 1/2 side rails for two residents (Resident #1 & Resident #2) out of two residents observed with side rails. In addition, the facility failed to post telephone numbers for lodging complaints accessible to be viewed by all residents affecting all 5 residents on the current census.

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The findings include:

During the tour of the facility on at 8:50 AM two were seen with single beds with 3/4 side rails to the beds for Residents #1 and #2.

A record review was conducted for both Residents #1 & 2 and a physician order for side rails was not found for either resident.

An interview with the Administrator on at 9:25am confirmed she doesn't have an order for side rails for either Resident #1 or Resident #2.

During the initial tour of the facility on at 8:50 AM the numbers for residents to call to lodge a complaint against the facility or facility staff was not found.

An interview with the Administrator on at 1:42 PM confirmed the required posted numbers for residents to call were not posted. She stated, "I knew I needed to hang it, but I didn't get to it."

CLASS III

0054 Medication - Records

Based on observation, record review and staff interview, the facility failed to have complete Medication Observation Records for 5 out of 5 residents on the current census. In addition, the facility failed to document the refusal to take a medication as prescribed by the physician for Resident #3 who was reviewed for medication assistance.

The findings include:

A record review was conducted of the Medication Observation Records (MOR) for all the 5 resident's currently residing in the facility, who receive assistance with medication's, and it revealed the MOR's where not filled in completely. The MORs were missing the residents , diagnosis, physician name and physician phone number.

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An interview with the administrator on at 12:39 PM confirmed the MOR's where not complete. She stated, "I didn't know that I needed to put all of that on the MOR."

An observation was conducted on at 12:55 PM of the Administrator assisting Resident #3 with his noon medications. The Administrator obtained the medication from a locked cabinet, preparing the medication into a clear medicine cup, handed it to the resident, observed the resident taking the medication and then signed the MOR.

A record review was conducted of the MOR for Resident #3 and it revealed an order listed for 600 milligrams (mg) 1 by mouth three times a day. A physician order dated was found which reads 600 mg 4 times a day. (photographic evidence was obtained)

An interview with the Administrator on at 12:58 PM confirmed the medication for Resident #3 was ordered for 4 times a day, but was listed on the MOR as 3 times a day. The Administrator stated, "The resident will only take it 3 times a day so I changed the order on the MOR." The administrator was not able to show me where the resident had refused to take the medication and confirmed she changed the MOR without having a physician order.

CLASS III

0056 Medication - Labeling and Orders

Based on observation, record review, and staff interview, the facility failed to obtain a new physician order for a change in medication for Resident #3 due to his refusal to take the medication as ordered.

The findings include:

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An observation was conducted on at 12:55 PM of the Administrator assisting Resident #3 with his noon medications. The Administrator obtained the medication from a locked cabinet, preparing the medication into a clear medicine cup, handed it to the resident, observed the resident taking the medication and then signed the MOR.

A record review was conducted of the MOR for Resident #3 and it revealed an order listed for 600 milligrams (mg) 1 by mouth three times a day.

A review was conducted of a signed physician order dated which reads 600 mg 4 x a day. (photographic evidence was obtained)

An interview with the Administrator on at 12:58 PM confirmed the medication for Resident #3 was ordered for 4 times a day but was listed on the MOR as 3 times a day. The Administrator stated, "The resident will only take it 3 times a day so I changed the order on the MOR." The administrator confirmed she has not contacted the physician to make him and aware of the resident refusals to take the medication as ordered.

CLASS III

0093 Food Service - Dietary Standards

Based on observation and staff interviews, the facility failed to obtain a weekly menu approved annually by a licensed dietitian. In addition, the facility failed to notify residents in advance of meal substitutions and to maintain the substitutions in log a for the past 6 months affecting all 5 of the residents currently residing at the facility.

The findings include:

A tour was conducted of the facility on at 8:50 AM and a weekly menu was observed posted on the refrigerator door signed by a licensed dietitian and dated

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An interview with Employee A, Certified Nursing Assistant (CNA) confirmed the menu posted on the refrigerator was the menu the facility is utilizing to prepare meals for the residents.

A review of the posted menu revealed lunch as the following: Chicken and dumplings, Harvard beets, broccoli, biscuit and peach cobbler.

An interview with the administrator on at 11:38 am confirmed she didn't have a current up to date approved weekly menu. She stated, "They usually mail it to me and I send them the money."

An interview with Employee A at 12:05PM confirmed lunch was chicken and dumplings, broccoli was being substituted with a veggie medley, beets, and pudding will be served instead of the peach cobbler and there was no biscuit.

An observation was conducted on at 12:41PM of the residents eating the noon meal. Residents were served boiled chicken, potatoes, beets, vegetable medley and pudding.

An interview with the Administrator at 12:10PM confirmed the facility did not inform the resident's in advance to the meal substitutions and did not have a substitution log for the past 6 months of substitutions that were made.

CLASS III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interviews, the facility failed to provide a safe living environment for the 5 residents currently residing in the facility as evidenced by keeping the front door locked and the residents not having access to unlock the door and exit the facility.

The findings include:

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Upon entering the facility the front door was locked and was not able to be opened by this surveyor. At 8:50 am Employee A, Certified Nursing Assistant (CNA) unlocked the front door for the survevyor. The employee proceeded to re-lock the front door behind the surveyor and placed the keys to the door in her pocket. An interview was conducted at that time with Employee A, was asked if the front door is always locked and she stated "Yes." The employee was asked how the residents open the door to leave the facility and she stated "They have to come and get me and I will unlock it. We have a resident that will leave and I keep it locked so she can't get out."

An interview with the Administrator at 11:30 am confirmed the front door was not to be locked and the resident's should be able to unlock the front door and go outside. She stated, "I just put an alarm system in here so they will know when a resident opens the door."

Multiple observations were made from 9 am until the time of exit at 2 pm of the alarm system in the facility alerting the staff to notify them the front door was opened.

Class III

Z814 Background Screening Clearinghouse

Based on record review and staff interview, the facility failed to register employees within 10 days of hire into the Background Screening clearinghouse for 1 out of 3 employees currently working at the facility. (Employee A)

The findings include:

A review was conducted of the background screening clearing house and Employee A was not listed on the facility employee roster. The employee file listed Employee A's hire date as .

An interview with the Administrator on at 11:30 am confirmed Employee A is a current employee at the facility and she did not enter her information into the background screening clearinghouse.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
M H Tender Care, Inc. #2
9 Ponderosa Lane
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,

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

AF/JM/sm
Enclosure
XG90

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