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	AL11968664	06/07/2016
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29 PRINCE JOHN LN** **PALM COAST, FL 32164**	

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

0000 Initial Comments

On a biennial relicensure survey was conducted at M H Tender Care (License #12522) deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on a review of resident record and staff interview and staff interview, the Administrator failed to complete the AHCA form 1823 (Resident Health Assessment) for 1 of 2 residents whose records were reviewed (Resident #2).

The findings include:

A record review for Resident #2 found a resident health assessment dated . Resident #2 was assessed with diagnoses including , recurring kidney stones, , knee pain, incontinence, and . The examiner indicated he required assistance with toileting and , and supervision with ambulation, bathing and dressing. Section C of the assessment, intended tor completion by the Administrator to list services that would be provided to Resident #2 by the facility, was missing in its entirety.

A telephone interview was conducted with the Administrator at 12:50 pm on . She stated she would look for the missing information and send it to the office by the end of business on Wednesday, .

The information was never sent by the Administrator.

Class III

0025 Resident Care - Supervision

Based on observation and interviews with staff, the facility failed to provide care and services appropriate to the needs of 1 of 1 sampled residents (Resident #2) who exhibited exit-seeking behaviors, by utilizing a door lock, instead of supervision, to prevent him from exiting the facility

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unaccompanied.

The findings include:

An observation of the front door's interior locking mechanism was conducted at 8:05 am on / . The front door was equipped with a key-operated deadbolt lock. Employee A was on duty alone, and was responsible for the supervision of all 4 residents in the home.

An interview was conducted with Employee A, Certified Nursing Assistant, at 9:22 am on . She explained that she kept the facility's front door unlocked unless she observed Resident #2 carrying his "red bag". She stated the red bag was an indicator that Resident #2 would attempt to elope (wander unsupervised) from the facility. Employee A stated Resident #2 sometimes became . When this occurred, she would lock the deadbolt on the front door and keep the key, so he could not wander from the home. If the other residents wanted to go sit on the front porch, she would permit them to do so, and tell them to ring the doorbell to get back inside. Employee A confirmed none of the residents had a key to the front door lock. She acknowledged that the use of the door lock should not replace adequate staff supervision for Resident #2.

In an interview with the Administrator at 10:00 am on / , she said she was unaware Employee A was utilizing this method to contain Resident #2 when he experienced . She confirmed the lock was not an appropriate substitution for supervision.

Class III

0026 Resident Care - Social & Leisure Activities

Based on observation, and resident and staff interviews, the facility failed to provide social, recreational, educational and other activities within the facility and the community for 3 of 4 sampled residents (Residents #2, #3, and #4), and failed to post an activities calendar with achievable activities for those residents.

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The findings include:

Observations of Residents #2, #3 and #4 were conducted between 8:10 am and 11:50 am on . The only activity observed was television. There were no organized activities offered.

An interview was conducted with Resident #2 at 8:25 am. He stated there were no activities in the facility other than television. He stated the only activities were to sleep, eat, and sometimes "go to town".

The activities calendar posted in the kitchen listed the following activities for / , the day of survey: Park and library. Other activities listed on the calendar for 2016 included, fishing, church each Sunday, bike riding (2 times weekly), walks, cards, drawing/coloring and TV/movies.

An interview with Employee A, Certified Nursing Assistant, at 11:45 am on found there was no van to get the residents to the park or library today, or any day. She stated the walks and bike rides occurred on occasion, but other activities such as fishing did not occur. She stated only Residents #1 could ride a bike, and that Resident #4 could "kind of" ride a bike. Church attendance was only occasional. She agreed the activities should meet the needs and preferences of the residents, and be accomplishable as per the posted schedule.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews with staff, the facility failed to ensure freedom from unnecessary for 1 of 1 residents (Resident #2) who exhibited exit-seeking behaviors, by utilizing a key-operated front door lock to prevent his exiting the facility unsupervised.

The findings include:

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An observation of the inside of the front door of the facility conducted at 8:05 am on found it was equipped with a key-operated deadbolt lock.

An interview was conducted with Employee A, Certified Nursing Assistant, at 9:22 am on . She explained that she kept the facility's front door unlocked unless she observed Resident #2 carrying his "red bag". She stated the red bag was an indicator that Resident #2 would attempt to elope (wander unsupervised) from the facility. Employee A stated Resident #2 sometimes became . When this occurred, she would lock the deadbolt on the front door and keep the key, so he could not wander from the home. If the other residents wanted to go sit on the front porch, she would permit them to do so, and tell them to ring the doorbell to get back inside. Employee A confirmed none of the residents had a key to the front door lock. She acknowledged that the use of the door lock in the absence of staff supervision was equivalent to .

In an interview with the Administrator at 10:00 am on / . She was unaware Employee A was utilizing this method to contain Resident #2 when he experienced . She confirmed it was consistent with .

Class III

0077 Staffing Standards - Administrators

Based on observations; facility, resident and employee record reviews, and interviews with staff, the Administrator failed to provide oversight and supervision over the operation of the facility, management of staff, and the provision of appropriate care to the residents by failing to ensure compliance with the regulatory requirements at A0008, A0025, A0026, A0030, A0078, A0081, A0083, A0084, A0091, A0093, A0160, A0161, A0162, and A0167.

The findings include:

Cross reference standards:

A0008, A0025, A0026, A0030, A0078, A0081, A0083, A0084, A0091, A0093, A0160, A0161, A0162,

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and A0167.

Class III

0078 Staffing Standards - Staff

Based on a review of personnel files and interview, with the Administrator, the facility failed to obtain a written statement from a health care provider documenting freedom from signs or symptoms of communicable , including , for 2 of 3 sampled employees whose files were reviewed (Employees A and B).

The findings include:

A personnel file review for Employee A revealed she was hired on as a Certified Nursing Assistant. Further review of the file found no documentation from a health care provider that she was free from all communicable , including ( ).

A personnel file review for Employee B revealed she was hired on / as a Home Health Aide. Further review of the file found no documentation from a health care provider that she was free from all communicable , including ( ).

A telephone interview was conducted with the Administrator at 12:50 pm on . She acknowledged the missing documentation, and would look for the information in her records. If found, she would forward the documentation to the agency field office by the end of business on Wednesday, . As of the end of business on Thursday , the communicable and statements had not been received.

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0081 Training - Staff In-Service

Based on a review of personnel files, and interview with the Administrator, the facility failed to provide documentation of the required in-service trainings within 30 days of hire to 2 of 3 sampled employees whose files were reviewed (Employees A and B).

The findings include:

A personnel file review for Employee A revealed she was hired on as a Certified Nursing Assistant. Further review of the file found no documentation of the required training in elopement response, or safe food handling, within 30 days of hire.

A personnel file review for Employee B revealed she was hired on as a Home Health Aide. Further review of the file found no documentation of the required training in the facility emergency procedures, including staff roles and chain of command, incident reporting, resident rights, or safe food handling

A telephone interview was conducted with the Administrator at 12:50 pm on . She acknowledged the missing trainings, and would look for the information in her records. If found, she would forward the documentation to the agency field office by the end of business on Wednesday, . As of the end of business on Thursday , the training documents had not been received.

Class III

0083 Training - First Aid and

Based a review of personnel files and interview with staff and the Administrator, the facility failed to provide documentation of certification in First Aid to 1 of 3 sampled employees whose files were reviewed (Employee B).

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The findings include:

A telephone interview was conducted with Employee B at 11:28 am on . She stated she was the weekend live-in caregiver at the facility.

A personnel file review for Employee B revealed she was hired on as a Home Health Aide. Further review of the file found no documentation of certification in First Aid.

A telephone interview was conducted with the Administrator at 12:50 pm on / . She acknowledged the missing documentation, and would look for the information in her records. If found, she would forward the documentation to the agency field office by the end of business on Wednesday, . As of the end of business on Thursday , the training document had not been received.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, personnel file reviews and interview with the Administrator, the facility failed to provide documentation of the required training in assistance with self-administration of medications to 1 of 3 sampled employees whose files were reviewed (Employee A).

The findings include:

An observation of Employee A was conducted at 10:05 am on assisting Resident #4 with the self-administration of his medications. Employee A retrieved Resident #4's medication from the medication storage drawer, and dispensed his / 5-325 milligram tablet directly into his hand. The resident swallowed his medication with water, and Employee A initialed the Medication Observation Record (MOR) indicating he received his medication.

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A personnel file review for Employee A revealed she was hired on as a Certified Nursing Assistant. Further review of the file found no documentation of training in assistance with the self-administration of medication.

A telephone interview was conducted with the Administrator (who had departed the facility for a personal emergency) at 12:50 pm on . She acknowledged the missing documentation, stating she would look for the information in her records. If found, she would forward the documentation to the agency field office by the end of business on Wednesday, . As of the end of business on Thursday , the training document for Employee A had not been received.

Class III

0091 Training - Documentation & Monitoring

Based on a review of personnel files and interview with the Administrator, the facility failed to provide the required documentation of in-service training that included the date of the employee's participation, for 1 of 3 sampled employees whose files were reviewed (Employee A).

The findings include:

A personnel file review for Employee A revealed she was hired on as a Certified Nursing Assistant. Employee A's file contained certificates of completion for training in the facility's emergency procedures, and incident reporting. There was no date on the certificate for either training.

A telephone interview was conducted with the Administrator at 12:50 pm on . She acknowledged the missing documentation on the certificates.

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Class III

0093 Food Service - Dietary Standards

Based on observation and interview with staff, the facility failed to provide a substitution of comparable nutritional value when there was an unavailable menu item for 3 of 4 residents observed for food service and dining (Residents #2, #3 and #4).

The findings include:

An observation of the lunch meal was conducted at 11:00 am on . Residents #2, #3 and #4 were each served a peanut butter and jelly sandwich and a cup of milk.

Review of the facility's menu, which was signed by the Registered Dietitian on , revealed it called for a chef's salad with chicken or chicken salad, bread, 4 ounces pears, and crystal light or water. There were no pears, and no green vegetable offered to the residents with their sandwiches.

In an interview with Employee A at 11:23 am on / , she confirmed there was no additional fruit or vegetable offered to the residents because she did not have the menu items in stock. She stated she had given the grocery list to the Administrator.

Class III

0160 Records - Facility

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Based on observation, facility records review and interview with staff, the facility failed to maintain an up-to-date admission and discharge log that included the date of discharge, reason for discharge, and location of the facility or home address to which the resident was discharged for 2 un-sampled residents who no longer resided in the facility (Residents #5 and #6).

The findings include:

On arrival to the facility at 8:05 am on , Employee A stated the current census was 4 residents. A tour of the facility conducted at 8:15 am on confirmed there were only 4 residents living in the facility.

Review of the admission and discharge log revealed there were 6 residents in the home at the time of survey.

An interview was conducted with the Administrator at 10:15 am on . She reviewed the admission and discharge log, and confirmed Residents #5 and #6 had been discharged, but not noted on the log. She stated she thought Employee A had recorded the required information for the two discharged residents. Employee A stated at this same time that she thought the Administrator had recorded the discharges. Both staff members confirmed the incomplete information on the admission/discharge log.

Class III

0161 Records - Staff

Based on a review of personnel files, and interview with the Administrator, the facility failed to maintain personnel records for each staff member which contained documentation of compliance with all training requirements for 2 of 2 sampled employees (Employees A and B) whose files were reviewed.

The findings include:

A personnel file review for Employee A revealed she was hired on

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as a Certified Nursing Assistant. Further review of the file found no documentation from a health care provider that she was free from all communicable , including ( ). Further review of the file found no documentation of the required trainings in elopement response, or safe food handling within 30 days of hire.

A personnel file review for Employee B revealed she was hired on as a Home Health Aide. Further review of the file found no documentation of the required trainings in the facility emergency procedures, including staff roles and chain of command, incident reporting, resident rights, first aid, or safe food handling. There was no documentation from a health care provider that Employee B was free from all communicable , including ( ).

A telephone interview was conducted with the Administrator at 12:50 pm on . She acknowledged the missing documentation, and would look for the information in her records. If found, she would forward the documentation to the agency field office by the end of business on Wednesday, . As of the end of business on Thursday , the communicable and statements had not been received.

Class III

0162 Records - Resident

Based on resident and employee record reviews, and interview with staff, the facility failed to maintain complete resident records that included semi-annual weights, and written consent for unlicensed staff to assist with the self-administration of medications, for 2 of 2 sampled residents (Residents #1 and #2) whose charts were reviewed.

The findings include:

Record review for Resident #1 found he was admitted on . Further review of the record found the

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only weight recorded for this resident was on . There were no semi-annual weights recorded prior to this date. In addition, there was no written consent for unlicensed staff to assist with the self-administration of medications. Per the Resident Health Assessment for Resident #1 dated , he required assistance with the self-administration of medication.

Record review for Resident #2 revealed he was admitted on . The only recorded weight for this resident was on ; 6 days prior to his admission to the facility. There were no semi-annual weights recorded after to this date. In addition, there was no written consent for unlicensed staff to assist with the self-administration of medications. Per the Resident Health Assessment for Resident #2 dated , he required assistance with the self-administration of medication.

An interview was conducted with Employee A, Certified Nursing Assistant, at 10:39 am on . She said there had never been a scale available for use since she started working in the facility. Review of her employee file revealed she was hired on .

A telephone interview was conducted with the Administrator at 12:50 pm on / . She stated she would look for the missing documentation and send it to the office by the end of business on Wednesday, .

The information was received by the field office.

Class III

0167 Resident Contracts

Based on a review of resident records, and interview with the Administrator, the facility failed to execute a contract that included a provision for at least 30 days written notice prior to any rate increase, for 2 of 2 sampled residents whose records were reviewed (Resident #1 and #2).

The findings include:

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A record review for Resident #1 found he executed and signed a resident agreement (contract) with the facility on _/ /_. Review of the contract found there was no provision informing the resident that a 30 day written notice would be provided prior to any rate increase.

A record review for Resident #2 found he executed and signed a resident agreement (contract) with the facility on _/ /_. Review of the contract found there was no provision informing the resident that a 30 day written notice would be provided prior to any rate increase.

An interview was conducted with the Administrator at 10:15 am on _. She reviewed the contracts and confirmed the required provision for a 30 day notice prior to rate increase was missing for Residents #1 and #2.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
M H Tender Care
29 Prince John 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,

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

LL/JM/sm
Enclosure
XG90

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