STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967214	R
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

An unannounced follow up survey to the licensure survey was conducted on at MH Tender Care, Inc. #2 (Lic. #11336). Deficiencies were found at the time of the visit. The facility was recited for A0030 and A0093.

0030 Resident Care - Rights & Facility Procedures

Based on observation and staff interview, the facility failed to ensure the telephone numbers for lodging complaints against a facility or facility staff were posted in full view in a common area accessible to all residents.

The findings include:

On at 9:30 AM a large Ombudsman poster was observed on a wall located between the kitchen and the dining in the facility. Near the bottom left of the poster a small piece of paper about 2-3 inches in size was taped to the poster. Handwritten on the paper was "AHCA Hot Line # is: 888-49345."

During an interview with the Administrator on at 11:00 AM she was informed the phone number was missing one digit. She was asked if she had the AHCA number or the telephone number to the Florida Hotline or to Rights posted anywhere in the facility. She stated she did not and was not aware they needed any other phone number beside the one to the Ombudsman and to AHCA.

Class III

0093 Food Service - Dietary Standards

Based on observation, staff interview and record review, the facility failed to ensure a substitution log was maintained for the 5 residents in the facility.

The findings include:

On at 9:45 AM a white dry erase board approximately a foot in diameter was observed on the

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SUMMARY STATEMENT OF DEFICIENCIES
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wall between the dining kitchen. Hand written on the board were menu items that included steak and pasta. At the time of observation, the Administrator was asked if that was the menu for today. She stated "No" and immediately erased what was handwritten on the board. She stated that was a substitution from another day. The Administrator was asked for the substitution log. Record review of the substation log found the last entry was made on . The Administrator was asked when the last time a substitution was made. She did not give a date. She was asked when the steak and pasta was served as a substitution. She said about a week ago.

Class III

0161 Records - Staff

Based on interview and record review the facility failed to maintain written work schedule.

The findings include:

On at 9:20 AM, the Administrator was asked for an employee list and schedule. The Administrator stated, " They did cite me for the schedule. I did not do a schedule."

The Administrator was asked a second time for the employee schedule on at 11:30 am. She provided a piece of paper with the handwritten names. The schedule did not have dates. There were not times for four of the employees listed. One of the employees (Employee B) was on the schedule for the day but was not in the facility at the time of the visit.

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967214 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
M H TENDER CARE, INC #2	9 PONDEROSA LANE PALM COAST, FL 32164

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0026	Correction	ID Prefix A0054	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0185(5) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0056	Correction	ID Prefix A0152	Correction	ID Prefix AZ814	Correction
Reg. # 58A-5.0185(7) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed	Reg. # 435.12(2)(b-d), FS	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
			[signature]	7/7/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 4/25/2016

☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO

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 revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016.

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 (904) 798-4201.

Sincerely,

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

NH/JM/sm
Enclosure

BBT7

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