STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965295	R
NAME OF PROVIDER OR SUPPLIER **TLC III**	STREET ADDRESS, CITY, STATE, ZIP CODE **8395 SW 112 STREET** **MIAMI, FL 33156**	

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

0000 Initial Comments

A standard survey was conducted on , 2016. TLC III with standard license and license number 9762 had the following deficiencies identified as uncorrected at the time of the survey:

0010 Admissions - Continued Residency

Based on observation and record review, the Assisted Living Facility failed to ensure that residents met the continued residency criteria for one (Resident #3) out of five sampled residents.

Findings included:

Observation on / at 12 PM revealed that Caregiver A and Caregiver B provided total help during transfer to Resident #3. Caregivers A and B placed their hands underneath the Resident #3's hands and lifted Resident #3 from chair. Resident #3 was unable to assist with own transfer.

Observation on at 12:15 PM revealed that Resident #3 had a plate with puree in front. Observation on at 12:17 PM revealed that Caregiver B took away plate with puree from Resident #3 and gave to Resident #3 a plate with regular food which had meat with potatoes and carrots, white rice, and green beans. Observation on / at 12:19 PM revealed that Caregiver A put fork with green beans inside Resident #3's mouth.

Observation on at 1:07 PM revealed that Resident #3 received total care during eating as evidence by Caregiver A having to feed Resident #3.

Review of Resident #3's record revealed that Resident #3's admission date was on / . Resident #3's health assessment (AHCA form 1823) completed on and it showed that Resident #3 needed total care for ambulation, bathing, dressing, self-care ( ), and toileting; needed assistance eating and transferring.

Class III
Uncorrected

0077 Staffing Standards - Administrators

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

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings included:

Review of Florida Health Finder's website revealed that the Administrator supervised three assisted living facility. The Assisted Living Facility failed to appoint in writing a Manager for each facility.

Interview on at 12:57 PM the Administrator revealed that facility was in the process of hiring a new manager.

Class III
Uncorrected

0162 Records - Resident

Based on record review and interview, the Assisted Living Facility failed to ensure that hospice residents have updated interdisciplinary plan of care in record for

Findings included:

Review of Resident #1's record revealed the resident received hospice services since and last plan on record was review on . Review of Resident #2's record revealed the resident received hospice services since and last plan on record was review on . Record review found the facility did not have updated plan of cares available to review.

In an interview on / at 12:35 PM the hospice's nurse via telephone stated " I will leave them there tomorrow; I go to facility every day to medicate residents."

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview, the Assisted Living Facility failed to register the employees in the clearinghouse.

Findings included:

Observation on at 11:54 AM revealed that Caregivers A and B were in the facility taking care of five residents.

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

Review of Background screening website for providers showed that facility's employee roster did not have any employees listed.

In an interview on at 12:58 PM the Administrator revealed that employees should be in the clearinghouse already. Administrator stated " Can you please check it again tomorrow? "

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
lii
8395 Sw 112 Street
Miami, FL 33156

Dear Administrator:

This letter reports the findings of a standard revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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