STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911389	R 09/07/2016
NAME OF PROVIDER OR SUPPLIER **TLC HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **15101 SW 87 AVENUE** **MIAMI, FL 33176**	

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

0000 Initial Comments

A standard biennial survey second revisit was conducted on . TLC Home, Inc. (license #5898) had the following uncorrected deficiencies identified at the time of the survey:

0010 Admissions - Continued Residency

Based on observation, record review, and interview, the facility failed to provide a completed Health Assessment (AHCA form 1823) documenting the type of assistance 2 of 6 residents (Residents #s 1 and 2) needed with medications. The facility failed to ensure that 1 of 6 (Resident #2) residents did not pose a danger to themselves and/or others while living in the facility.
Finding included:
Observation on at 1:20 pm showed Resident #2 was touching the feet of Resident #3, and pulling her feet down. Staff C took the Resident #2 to walk out of the living . However, Resident #2 wanted to continue walking and moving the furniture. Also, Resident #2 started to yell, "Help, Help, Help!" Then, Resident #2 stood up and walked to the main dining started to pull the center table that was in the corner of the dining area. Next, Resident #2 started to pull the dining chairs and the table cover. Staff C tried to walk her out of the dining area, and Resident #2 started to hit Staff C. Staff B stated, " Resident #2 behave, be nice, Staff C is just trying to help you."
Interview on at 1:39 pm Staff C stated, "I do not know what is going on with her today, she is not that aggressive."
Record review on showed Resident #1's health assessment documented a medical history of . The assessment dated , did not specify what type of assistance the resident needed with medications (it was blank).
Record review on showed Resident #2 (admitted on)'s health assessment documented a medical history of right wrist , Osteopenia, , , , and . The assessment dated , did not specify what type of assistance the resident needed with medications (it was blank). Further review found Resident #2's assessment stated, "resident posed a danger to self or others due to forgets limitations."
Interview on at 1:40 pm Staff B acknowledged Residents #s 1 and 2 assessments were not completed and did not show type of assistance the resident needed with medications. Also, Staff B acknowledged that Resident #2 was pulling Resident #3's feet, moving the furniture around and hitting Staff C.
Uncorrected Class III

0077 Staffing Standards - Administrators

Based on record review and interview facility failed to ensure Administrator Assistance (Manager)

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provides the same qualifications and/or requirements as the Administrator.

Findings included:
Review of Florida Health Finder website revealed the facility's Administrator supervised three Assisted Living Facilities.

Record review showed the facility had appointed Staff B as the manager of the facility.

Record review showed that Staff B (Manager) was hired on / ; however, there was no proof of High School or Equivalent or Higher education in the facility at the time of survey.
Interview on at 1:40 pm Staff B stated, "I did not know that I have to have my High School education in my file."

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

Administrator
Home, Inc
15101 Sw 87 Avenue
Miami, FL 33176

Dear Administrator:

This letter reports the findings of a **second** Standard Biennial Licensure Revisit Survey conducted on [redacted]7, 2016 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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 [redacted], 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(s). Should you have any questions please call Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

YOSF

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