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

A second follow-up visit was conducted on , 2016 at M. H. Tender Care Assisted Living Facility, License #11336. One deficiency was found not corrected.

0161 Records - Staff

Based on observation, record review and staff interviews, the facility failed to maintain work schedules and time sheets for staff for 3 out 3 employees that work at the facility.

The findings include:

An observation was conducted upon entering the facility and a staffing work schedule is not found posted in the facility.

A record review was conducted of a spiral notebook which list the Month, numbers which represent the days of the month and employee names. Upon review for it reveals no one scheduled for 13th - 18th and is not completed from till the end of the month. reveals no staff scheduled to work on 9/8 or 9/9 and from list Employee A who does not work the weekends. (Photographic evidence obtained)

An interview with Employee A at 1:35 PM confirmed when she comes into work she just signs the book. Employee A, was asked who worked the 8th and 9th of since there was no staff listed and she confirmed she did but signed and put the wrong dates. The employee was then asked if she was planning to work -12th as listed and she stated "NO, I work 24 hours a day Monday through Friday". Employee A, confirmed it listed her as working the 10th-12th and was done in error.

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS LSC	Correction Completed	ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Lana Meying	DATE 9/21/16
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 **second** State Licensure Revisit Survey conducted on 9, 2016 by a representative 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.

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 Evacuator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

YOSF

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