STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968280 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
M H TENDER CARE III	36 BRONSON LN PALM COAST, FL 32137

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 A0078	Correction	ID Prefix A0083	Correction	ID Prefix A0152	Correction
Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed	Reg. # 58A-5.023(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 58A-5.024(3) FAC	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	
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
				1/9/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 6/21/2016

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

EVENT ID: ZTM112

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	R
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 BRONSON LN** **PALM COAST, FL 32137**	

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

0000 Initial Comments

A follow-up visit to a biennial survey was conducted at M.H. Tender Care III Assisted Living Facility, License # 12210 on . M.H. Tender Care III had deficiencies at the time of the visit

0008 Admissions - Health Assessment

Based on record reviews and staff interviews, the facility failed to have a completed Florida Health Assessment Form for 2 Residents (Resident #4 and Resident #5) out of 4 residents sampled.

The findings include:
1)
A record review was conducted for Resident #3 which revealed Section 3 of the Florida Health Assessment Form was blank and not filled out by the facility. (photographic evidence obtained)

An interview on at 11:40 PM with the Administrator confirmed Section 3 of the Florida Health Assessment Form for Resident #3 was blank.

A record review was conducted for Resident #5 which revealed Section 3 of the Florida Health Assessment Form was blank and not filled out by the facility. (photographic evidence obtained)

An interview on at 12:03 PM with the Administrator confirmed Section 3 of the Florida Health Assessment Form for Resident #5 was blank..

CLASS III

0030 Resident Care - Rights & Facility Procedures

Based on observation, record reviews and staff interviews, the facility failed to ensure residents were free from physical [illegible] for 1 Residents (Resident # 5) out of 4 resident's currently residing at the facility.

The findings include:

AGENCY FOR HEALTH CARE ADMINISTRATION

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During the initial tour conducted at 9:30 AM on , an observation was conducted of 2 female residents sitting at the dining eating breakfast.
A follow up observation was conducted at 11 AM of Resident #5 still sitting in her wheel chairs at the dining . The wheelchair was pushed up against the table, which did not allow for resident movement or mobility.
An interview on at 11:10 AM with Employee C was conducted. Employee C reported that Resident #5 " will get into trouble, so I keep her at the table." She confirmed she does this so Resident #5 will not attempt to get up and .

A record review for Resident #5 revealed a date of admission of . The Resident Health Assessment (1823) assessed the resident at risk for wandering. Resident #5's medications were listed as 0.5 Milligrams (mg) twice a day (anti-), 325mg every night at bedtime ( ), 0.25 mg twice a day ( ), and 5 mg 1 at bedtime ( ).

An interview with the Administrator at 12:30 PM confirmed Resident #5 was listed as a wanderer and could not be kept at the table to be used a to keep her from getting up.

CLASS III

0079 Staffing Standards - Levels

Based on observation, and staff interviews, the facility failed to maintain and post a written schedule that reflects its 24-hour staffing pattern for 3 out of 3 staff members currently working at the facility.

The findings include:

An observation was conducted of the facility on at 9:40 AM and a staffing schedule was not located.

An interview with Employee C on at 10:50 AM confirmed the facility does not have a schedule she is told when she is going to work.

A phone interview with the Administrator on at 10:55 AM confirmed she doesn't have a schedule

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for staff at the facility.

CLASS III

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to have staff that are not nurses or Certified Nursing Assistance that provide direct care to residents trained for 3 hours in Activities of Daily Living, 1 hour in elopement, 1 hour of emergency preparedness and evacuation procedures, incident reporting, resident rights, and recognizing and reporting [illegible], neglect and [illegible], for Employee C out of 3 employees working at the facility.

The findings include:

A review of the Employee C's record reveals a hire date of revealed no documentation that the employee received the required amount of training in Elopement procedures, emergency preparedness and evacuation procedures, incident reporting, resident rights, recognizing and reporting [illegible], neglect and [illegible], and 3 hours of training in Activities of Daily living.

An interview with the Administrator on at 11:40 AM confirmed Employee C, did not receive the required training as needed. She stated " I thought she had it. It must be at the other facility".

CLASS III

0085 Training - Nutrition & Food Service

Based on record review and staff interviews, the facility failed to have staff responsible for day to day supervision of food service trained for 2 hours in nutrition and food service for Employee B out of 3 employees working at the facility.

AGENCY FOR HEALTH CARE ADMINISTRATION

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The findings include:

An interview with Employee C, on at 11:00 AM confirmed she is the staff member who cooks the food and is the designee for food service at the facility.

A record review was conducted for Employee C and no documentation could be found that the employee received 2 hours of food service training.

An interview with the Administrator on at 12:10 PM confirmed Employee C is the facility food service designee and has not received 2 hours of education in nutrition and food service.

CLASS III

0090 Training -

Based on record review and staff interview, the facility failed to train direct care staff for one hour in policy and procedures (P&P) for ( ) within 30 days of employment for Employee C out of 3 employees working at the facility.

The findings include:

A record review was conducted for Employee C which revealed a hire date of 7/18/2016. No documentation could be found that the employee received the required 1 hour training in the facilities P&P for within 30 days of hire.

An interview with the Administrator on at 11:41 AM confirmed Employee C did not receive training on as required within 30 days of hire.

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

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0160 Records - Facility

Based on record review and staff interview, the facility failed to maintain and up to date admit/ discharge log for the facility.

The findings include:

Upon entering the facility on at 9:20AM Employee C was asked for the current census in the facility and she confirmed there was 4 currently in the facility. Employee C was then asked for the facility Admit/ Discharge log.

A review was conducted of the facility Admit/discharge log and it revealed there were 6 resident residing at the facility.

An interview on at 12:05 PM with the Administrator confirmed the admit/discharge log was not accurate due to not listing a resident who no longer lives at the facility as discharged, and her name is listed twice.

CLASS III

Z814 Background Screening Clearinghouse

Based on record review and staff interviews, the facility failed to update and maintain the Employee Roster on Background screening clearinghouse for employees currently working at the facility.

The findings include:

A review was conducted on of the Background Screen Clearinghouse employee roster which revealed the facility had 7 employees listed as working at the facility.

An interview on at 10:51 AM with Resident #3 confirmed the facility has 3 employees that work at the facility.
An interview was conducted on at 12:12 PM with the Administrator. She was unable to produce a work schedule for the facility. She confirmed the employee roster for the facility was not accurate and

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up to date and needed to take some of the employees off since they are no longer working for the facility. She confirmed there were 3 employees who were employed by the facility on the day of survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
M H Tender Care III
36 Bronson Lane
Palm Coast, FL 32137

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, CIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

BBT7

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