STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968747	**10/18/2016**
NAME OF PROVIDER OR SUPPLIER **K&S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE PALM BAY, FL 32907**	

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

0000 Initial Comments

On a standard biennial re-licensure survey was conducted at K & S Tender Care, LLC. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not ensure the Health Assessment (form 1823) for 1 of 2 sampled records (#1) was accurate and fully completed by the health care provider.

Findings:

On , a review of the Health Assessment/1823 for Resident #1, date unknown, was found to have no information regarding medication administration and if the resident required 24 hour nursing supervision. Both sections were left blank on the form.

In an interview with the administrator at 4:00 pm on , she stated she was not aware there was information missing on this resident's health assessment form and that it was sent from the hospital when the resident was discharged in 2016.

Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain an updated Resident Health Assessment (AHAC form 1823) after a significant change (hospice enrollment) for 2 of 2 sampled residents (#1 & #3).

Findings:

Record review for Resident #1 revealed she was admitted into hospice services on .
There was no documentation to confirm that the facility had obtained a new 1823 for the significant change (hospice enrollment) for resident #1.

Record review for Resident #3 revealed he was admitted into hospice services on .
There was no documentation to confirm that the facility had obtained a new 1823 for the significant change (hospice enrollment) for resident #3.

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On at 4 PM the administrator said she did not know they needed a new Health assessment for Hospice. She confirmed there was no 1823 completed for the significant change (hospice enrollment) for these residents.

Class

0025 Resident Care - Supervision

Based on Medication Observation Record (MOR) review and interview, the facility failed to provide medications as ordered by the provider for 1 of 2 sampled residents (#1).

Findings:

Review of the 2016 MOR for Resident #1 revealed an order for 0.025%, instill 1 drop into both eyes 2 times per day. The MOR does not document if the evening dose of the drops was provided on 8 days: / , , , , / , / / , / or / / .

On at 4:30 PM, the owner said she was not aware there were holes in the MOR and could not confirm that the medication was given as ordered.

Class III

0026 Resident Care - Social & Leisure Activities

Based on the observations and interviews the facility failed to consult with the residents when selecting activities and did not provide an ongoing activities program 12 hours a week, 6 days a week that provided diversified individual and group activities in keeping with each resident's needs, abilities, and interests.

Findings:

During interview with Residents it was revealed that there were no activities offered that they wanted to participate in. The residents said the facility staff did not ask them about the type of activities they were interested in.

On / at 1:15 PM, Staff A stated that they do activities. They watch Wheel of Fortune and Jeopardy. And they do some word games and sometimes play bingo.

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On at 1:00 PM an observation of the activities calendar, that was posted in the front hallway revealed activities for the day were: 8am breakfast, 2pm- word search, 4pm-Wheel of Fortune on TV, 6pm- Jeopardy on TV.
Observation at 2:00 PM revealed two male residents were sitting on the back porch with Staff A. She had word search papers and pencils in front of them. One resident was working on the puzzle. The other, who is , was just sitting there looking outside. No other residents were participating.
At 4:00 PM on , the surveyor informed the owner/caregiver that TV watching and meals do not count as activities and that they are required to provide at least 12 hours of activities per week over 6 days each week, tailored to the needs and interests of the residents. The owner/caregiver sated she did not realize that they did not have enough activities or that their activity calendar included breakfast as an activity.
Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility failed to ensure unlicensed staff providing assistance with the self-administration of medications for 1 of 1 resident (#1) followed the appropriate procedure at all times.

Findings:

Observations on at 9:50 AM, Staff A, an unlicensed caregiver, removed the medication for Resident #1 from the locked cabinet in the kitchen. She brought the medication packs and a glass of water into resident #1's . She did not sanitize her hands or wear gloves. She told the resident she was going to give her medicines to her. She put 4 pills from the pack into the resident's hand and the resident put them in her mouth and swallowed them. She did not, in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container. She did not tell the resident what she was taking. She then asked the resident if she wanted to take her pain medication, and the resident declined. Next, she took out another pack and she put one pill in her own hand and then transferred it to the resident's hand. She was not wearing gloves and had not sanitized her hands. She did not tell the resident what this medication was.

Following assistance with oral medications, the unlicensed staff then prepared a for use by resident #1. At 10:00 AM, Staff A set up the , broke open one vial of /Albute Sol 0.4-3% and squirted it into the chamber. She attached the mouthpiece and handed it to the resident, who waited for the caregiver to turn it on, then placed it in her mouth. Staff A waited in the the

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resident until the treatment was complete and turned off the at 10:10 AM

Review of the prescription label and order for Q- 325 mg revealed that the order and MOR differed from the prescription label. The prescription label stated Q- 325 mg. 2 tabs by mouth three times a day routine while awake (bpack). The MOR and order stated MPAP 325 mg, take 2 tablets by mouth every 6 hours as needed for pain/ (BPACK).

Review of the prescription label and order for , 8.6 mg revealed that it was prescribed for the resident to take 2 tablets by mouth at bedtime.

Staff A stated at 4:07 PM on 16 that Resident #1 "likes to take one in the morning." She admitted that she did not have an order to give in the morning. When asked about the Q- orders, Staff A stated she did not know there was a discrepancy or that the label said to give it "three times a day routine while awake. " And when asked about giving the treatment, Staff A said she was not aware she was not supposed to do it.

In an interview with the owner/caregiver and administrator on at 4:30 PM, they said they were not aware that the orders did not match for the Q- . The owner stated she did not have an order to allow to be given in the morning. The owner also said she didn't realize that the unlicensed staff could not give treatments. The administrator (who just started the day before the survey) said she was aware of the regulation and she would look into it.

Class III

0054 Medication - Records

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain an accurate Medication Observation Record (MOR) for 4 of 5 sampled residents (#1, #2, #4 & #5).

Findings:

Review of the MOR for residents #5, revealed that each resident was given medications on / . There are only 30 days in .

1. Resident #1 was documented to have received 4 medications at 8 AM and 4 medications at 8 PM on / .

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2. Resident #2 was documented to have received 10 medications at 8 AM and 3 medications at 12 PM on / .

3. Resident #4 was documented to have received 5 medications at 8 AM and 1 medication at 12 PM on / .

4. Resident #5 was documented to have received 6 medications at 8 AM and 4 medications at 8 PM on / .

On at 4:30 PM, the owner stated that the staff member was probably in a hurry.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to have evidence that 1 of 3 sampled staff (C) received the required in-service training within 30 days of hire.

Findings:

Personnel record review for Staff C (caregiver) revealed she was hired on and there was no documentation to confirm she had received the following service training: control, ADL & behavioral needs, the Facility's elopement response policies, Facility emergency evacuation procedures including chain of command and staff roles relating to emergency evacuation, incident reporting, resident rights, recognizing/reporting , neglect and , nutrition and safe food handling .

On at 3:30 PM, the Administrator confirmed she had not yet sent this staff member for training and said she thought the employee would receive all of that in her CNA classes.
Class III

0082 Training - /

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 staff (C) received 2 hours training within 30 days of hiring.

Findings:

Personnel record review on for staff C, who was hired on , revealed there was no

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record of training.

On / at 3:30 PM, the Administrator confirmed she had not sent this staff member for this training.

Class III

0090 Training -

Based on personnel record review and interview, the facility failed to ensure that 1 of 3 staff (C) reviewed received 1 hour of training regarding ( ) within 30 days of hiring.

Findings:

Personnel Record Review on for staff C, who was hired on , revealed there was no record of training.

On at 3:30 PM, the Administrator confirmed she had not sent this staff member for this training.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to ensure that approved menus were followed, did not maintain dated menus and did not have a list of substitutions on file for 6 months.
Findings:
Observation found one menu that was not dated was posted on the kitchen cabinet. It was faded and the week number of the cycle was not readable. There was no menu posted in a location that was accessible to the residents. Lunch on the posted menu showed 3 oz. corned beef with ½ cup creamy potatoes, ½ cup cabbage and carrots, 1 slice rye bread, ½ cup apple cobbler, 1 cup milk and beverage of choice. Menu served was brisket, ½ cup mashed potatoes, ½ cup cabbage and carrots, 1 slice of glazed marble cake, apple juice and water. A substitution of the dessert was handwritten in ink on the posted menu.
There were 4 weeks of menus shown to the surveyor that were approved for use by the licensed dietician on . The papers were wrinkled and faded. Week numbers 1 and 4 were readable, but the surveyor could not tell which weeks were noted on the other two menus. There were no dates maintained to know when each week of the cycle had been served. There was no substitution list to review. When asked if she always served the cake substituted today when this week of the cycle is used, the administrator said " no, that's what we got at the store this week."

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In an interview with the administrator on at 3:30 PM, she confirmed she did not have the requested menus or substitutions for review. She said she did not realize she had to keep a list of menus and maintain substitutions on file for 6 months.

Class III

0152 Phvsical Plant - Safe Living Environ/Other

Based on observations and interviews, the facility failed to provide and maintain a home-like and decent environment in which to provide safe care.

Findings:

Observations during the tour on at 9:35 AM, revealed the back porch door screen was ripped and flapping. The beige upholstered couch on the porch had green spots and was dirty. The walls, doors and doorways were scuffed throughout facility. The couch in the living soiled on the arms and back. In the men ' s , the toilet paper holder was ripped out of wall. The tan carpets in the shared male the dining very soiled and stained.
On at 3:30 PM, the owner said she was aware of all of these concerns and would get them fixed.

Class III

Z814 Background Screening Clearinghouse

Based on the Agency's website review and interview, the facility failed to register and maintain the employment status of all facility employees within the Agency's Background Screening Clearinghouse and report any changes in status within 10 business days for 3 of 3 employees.

Findings:

A review of staff the schedule revealed 3 employees currently working at the facility. On at 9:30 am, the Agency's Background Screening Clearinghouse website revealed no roster of employees for this facility. On at 4:30 PM, the Administrator confirmed that they had not set up the roster.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
K&s Tender Care LLC
155 Aviation Ave NE
Palm Bay, FL 32907

RE: Re-licensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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