STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968664	**10/31/2016**
NAME OF PROVIDER OR SUPPLIER **M H TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **29 PRINCE JOHN LN** **PALM COAST, FL 32164**	

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

0000 Initial Comments

A complaint investigation (CCR #2016008838) was conducted at MH Tender Care (License #12522) on 10/31/16. MH Tender Care had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on observation, resident record reviews, and employee and resident interviews, the facility failed to obtain an AHCA 1823 (Resident Health Assessment) from a licensed health care practitioner within 60 days prior to admission, or 30 days after admission, for 1 of 6 residents (Resident #6).

The findings included:

A tour of the facility conducted on / at 11:30 am confirmed there were 6 residents living in the facility. Resident #6 was interviewed at this time, and said he moved in in 2016.

The records for Resident #6 were requested from Employee A. She searched through resident files, but was unable to locate any record or documentation for Resident #6. There was no Resident Health Assessment (AHCA form 1823) completed by a licensed health care practitioner, as required for admission. Without this information, the Administrator could not comprehensively determine the appropriateness of Resident #6's admission and continued stay in the facility.

A telephone interview was conducted with the Administrator at 1:03 pm on . . . I/ . . . She stated Resident #6 was not receiving any services from the facility other than a meals. She confirmed she did not obtain any documents required for admission because he was a renter, not a resident.

An interview with Employee A at 1:06 pm on I/ revealed she provided assistance with showers and dressing to Resident #6. In a second telephone interview with the Administrator at 8:20 am on I/I/ , she acknowledged Resident #6 was receiving ADL assistance from Employee A. She stated she understood the requirement for admission for any resident receiving assistance with ADLs. She stated she would have to correct this and obtain the required documents for his admission.

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Class III

0009 Admissions - Admission Package

Based on observation, facility and resident record reviews, and employee and resident interviews, the facility failed to obtain a completed admission packet that included all required information for 1 of 6 residents (Resident #6).

The findings included:

A tour of the facility conducted on / at 11:30 am confirmed there were 6 residents living in the facility. Resident #6 was interviewed at this time, and said he moved in in 2016.

The records for Resident #6 were requested from Employee A. She searched through resident files, but was unable to locate any record or documentation for Resident #6. There was no admission packet, as required, to include the following required documentation:

1. The facility ' s admission and continued residency criteria;
2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate;
3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any;
4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any;
5. Food service and the ability of the facility to accommodate special diets;
6. The availability of transportation and additional costs to the resident, if any;
7. Any other special services that are provided by the facility and additional cost if any;
8. Social and leisure activities generally offered by the facility;
9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;
10. The facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.;
11. The facility policy concerning pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.
12. The facility ' s residency criteria for residents receiving extended congregate care services if the

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facility also has an extended congregate care license; and a description of the additional personal, supportive, and nursing services provided by the facility; additional costs; and any limitations, if any, on where extended congregate care residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;
13. If the facility advertises that it provides special care for individuals with ' and related , a written description of those special services as required in Section 429.177, F.S.; and
14. The facility ' s resident elopement response policies and procedures.
(b) Before or at the time of admission, the resident, responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:
1. A copy of the resident ' s contract that meets the requirements of Rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided;
3. A copy of the resident ' s bill of rights as required by Rule 58A-5.0182, F.A.C.; and
4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office.
(c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident.

A telephone interview was conducted with the Administrator at 1:03 pm on . . I/ . . She stated Resident #6 was not receiving any services from the facility other than a meals. She confirmed she did not obtain any documents required for admission because he was a renter, not a resident.

An interview with Employee A at 1:06 pm on . . I/ . revealed she provided assistance with showers and dressing to Resident #6. In a second telephone interview with the Administrator at 8:20 am on I/ I/ , she acknowledged Resident #6 was receiving ADL assistance from Employee A. She stated she understood the requirement for admission for any resident receiving assistance with ADLs. She stated she would have to correct this and obtain the required documents for his admission.

Class III

0160 Records - Facility

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on observation, facility record review, and resident and staff interviews, the facility failed to maintain an accurate admission and discharge log that reflected the admission of 1 of 6 residents (Resident #6).

The findings included:

In an interview with Employee A at 11:10 am on / , she stated there were 6 residents in the facility.

During a tour of the facility on / at 11:30 am, it was confirmed there were 6 residents in the facility at the time of the survey. Resident #6 was interviewed at this time, and stated he moved in during 2016.

Review of the facility's admission and discharge log reflected 5 residents were noted to reside in the home. Resident #6's name, date of admission, and location from where he was admitted was not listed on the log.

An interview was conducted with Administrator at 1:03 pm on / . She confirmed the admission and discharge log was not up-to-date.

Class III

0167 Resident Contracts

Based on observation, facility and resident record reviews, and employee and resident interviews, the facility failed to execute a resident agreement prior to or at the time of admission with 1 of 6 residents (Resident #6).

The findings included:

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In an interview with Resident #6 at 11:30 am on 10/31/16, he said he moved into the facility in 2016.

The records for Resident #6 were requested from Employee A. She searched through resident files, but was unable to locate any records for Resident #6. She phoned the Administrator at 12:25 pm on / , who confirmed she had no paperwork for him.

Resident #6 was interviewed again at 12:30 pm on / . He stated he paid $700.00 per month to reside in the facility. The Administrator confirmed this at 1:03 pm on / , but insisted Resident #6 was not receiving services from staff; therefore, she did not obtain any of the documentation required for admission. During an interview with Employee A at 1:06 pm on / , she stated she did provide assistance with activities of daily living (showers and dressing) to Resident #6.

In a second telephone interview with the Administrator at 8:20 am on / / , she acknowledged Resident #6 received ADL assistance from staff, and needed to be admitted as a resident. She confirmed he paid $700.00 per month in rent, and that she had not executed a resident contract with him. She stated she would need to correct it.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
M H Tender Care
29 Prince John Lane
Palm Coast, FL 32164

RE: CCR #2016008838

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by a representative 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. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure
XG90

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