STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	R 12/27/2016
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

On 12/27/16, a second follow up to the biennial relicensure survey was conducted at M H Tender Care III (License # 12210). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on observations, resident record reviews, and staff interview, the facility failed to obtain a completed resident health assessment (AHCA form 1823) for 4 of 4 sampled residents (Residents #2, #3, #5 and #6) whose records were reviewed.

The findings included:

1. A record review conducted for Resident #2 revealed a resident health assessment (AHCA form 1823) signed by the examining practitioner on . Section 3 of the assessment (page 5) titled "Services offered or arranged by the facility for the resident", was signed by the Administrator on . The fields identifying the resident's needs, service needed, the frequency and duration of the services, service provider name(s), and the date services began had not been completed by the Administrator, as required. All of the required fields were left blank.

2. Record review for Resident #3 found a resident health assessment signed by the examining practitioner on / . There was no weight noted on page 1, and the section for documenting any special precautions was left blank. The examiner documented on page 4 that Resident #3 required her medications to be administered. Section 3 of the assessment titled "Services offered or arranged by the facility for the resident", was signed by the Administrator on / . The fields identifying the resident's needs, service needed, the frequency and duration of the services, service provider name(s), and the date services began had not been completed by the Administrator, as required. All of the required fields were left blank.

3. A record review for Resident #5 found a resident health assessment signed by the examining practitioner on . Section 3 of the assessment titled "Services offered or arranged by the facility for the resident" was signed by the Administrator and the resident's guardian (not dated). The fields identifying the resident's needs, service needed, the frequency and duration of the services, service provider name(s), and the date services began had not been completed by the Administrator, as

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required. All of the required fields were left blank.

4. An observation of Resident #6 at 10:40 am on revealed she required the use of a walker for ambulating in the facility. An observation of the resident's private revealed a manual wheelchair beside her bed.

Record review for Resident #6 found a resident health assessment signed by the examiner on 11/29/16. On page 1, the section intended to note and physical or sensory limitations, was left blank. Section D on page 2, which asked if in the professional opinion of the practitioner, the needs of the individual could be met in an Assisted Living Facility which was not a medical, nursing, or facility was left blank. On page 4, an illegible signature was located at the bottom of the page. The examiner failed to print his or her name, medical license number, address, and telephone number in the required fields. Without this information, it was not possible to determine the credentials of the examiner. Section 3 of the assessment titled "Services offered or arranged by the facility for the resident", was signed by the Administrator, but not dated. The fields identifying the resident's needs, service needed, the frequency and duration of the services, service provider name(s), and the date services began had not been completed by the Administrator, as required. All of the required fields were left blank.

5. An interview was conducted with the Administrator at 12:30 pm on . She reviewed the health assessments for Residents #2, #3, #5 and #6 and confirmed they were incomplete. She stated that medication technicians (who were not nurses) assisted with Resident #3's medication, and the statement regarding the need for medication administration was incorrect. The Administrator stated she would have to go through each resident record with a fine comb for corrections. She stated she neglected to read the last Statement of Deficiencies issued by this office (dated).

This was previously cited at the biennial licensure survey on / , and again during the revisit survey on / , both conducted by representatives of this office.

Class III

0077 Staffing Standards - Administrators

Based on observations, record reviews for residents, the facility, and employees, and interviews with

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staff, the Administrator failed to demonstrate effective operational oversight and maintenance of the facility as required by Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. The Administrator failed to obtain a completed resident health assessment (AHCA form 1823) for 4 of 4 sampled residents (Residents #2, #3, #5 and #6). The Administrator failed to maintain a written work schedule that reflected a 24-hour staffing pattern, as required. The Administrator failed to provide the required in-service trainings to staff within 30 days of hire which included facility emergency procedures and chain-of-command, resident rights, recognizing and reporting , neglect, and , incident reporting, and policies and procedures regarding for 2 of 2 employees reviewed (Employee C and Employee D). The Administrator failed to maintain an up-to-date roster of employees currently working in the facility on the agency's electronic Background Screening Clearinghouse website, as required. The Administrator stated she looked at, but did not read, the last Statement of Deficiencies issued by this office (dated).

The findings included:

Cross reference A0008
Cross reference A0078
Cross reference A0081
Cross reference A0090
Cross reference AZ814

These deficiencies were previously cited at the biennial licensure survey on / , and again during the revisit survey on , both conducted by representatives of this office.

Class III

0078 Staffing Standards - Staff

Based on a review of employee files, and interview with staff, the facility failed to obtain a written statement from a health care provider documenting there were no signs or symptoms of communicable , including ( ) within 30 days of employment, for 1 of 2 employees whose files were reviewed (Employee D).

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The findings included:

A personnel file review conducted for Employee D, a resident aide, found she was hired on 10/31/16. There was no documentation indicating freedom from communicable , including , by a health care professional.

An interview was conducted with Employee D on at 12:18 pm. She confirmed she started working in the facility in 2016. Employee D stated she had her communicable and statement sent to her by electronic mail, but had not printed it off to give to the Administrator.

An interview conducted with the Administrator on / at 12:30 pm confirmed the missing health documentation.

Class III

0079 Staffing Standards - Levels

Based on observation and interview with staff, the facility failed to maintain a written work schedule that reflected a 24-hour staffing pattern for the month of 2016.

The findings included:

During a tour of the facility conducted on at 10:40 am, surveyors did not observe a work schedule at any location in the home.

An interview was conducted with Employee D, a resident aide, on at 11:20 am. When asked to produce a written staff schedule, she could not locate the schedule for the month of 2016. She confirmed there was no schedule posted in the facility.

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An interview with the Administrator on 12/27/16 at 12:30 pm confirmed there was no written staff schedule for 2016.

This was previously cited at the biennial licensure survey on / , and again during the revisit survey on , both conducted by representatives of this office.

Class III

0081 Training - Staff In-Service

Based on employee record reviews, and interviews with staff, the facility failed to provide the required in-service trainings to staff within 30 days of hire which included facility emergency procedures and chain-of-command, resident rights, recognizing and reporting , neglect, and , and incident reporting for 2 of 2 employees whose records were reviewed (Employees C and D).

The findings included:

A personnel file review for Employee C (resident aide) revealed no documented hire date; however, this aide was working in the facility at the time of the inspection conducted on by a representative of this office. Review of staff schedules back to 2016 confirmed Employee D was working in the facility. The personnel record contained no documentation of the required training in facility emergency procedures and chain-of-command, resident rights, recognizing and reporting , neglect, and , incident reporting, or elopement response procedures.

A personnel file review for Employee D (resident aide) revealed a hire date of / . There was no documentation of training in facility emergency procedures and chain-of-command, resident rights, recognizing and reporting , neglect, and , elopement response, or incident reporting.

An interview was conducted with the Administrator on / at 12:30 pm. She reviewed the files for Employees C and D and confirmed the missing training.

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This was previously cited at the biennial licensure survey on 6/21/16, and again during the revisit survey on 9/9/16, both conducted by representatives of this office.

Class III

0090 Training -

Based on a review of employee files, and interview with staff, the facility failed to provide the required training in ( ) for 2 of 2 employees whose files were reviewed (Employees C and D).

The findings included:

A personnel file review for Employee C (resident aide) revealed no documented hire date; however, this employee was working in the facility at the time of the inspection conducted on . Further review of the file found there was no documentation that she had received training in the facility's policies and procedures in .

A personnel file review conducted for Employee D found she was hired on / as a resident aide. There was no documentation that she had received training in the facility's policies and procedures in .

An interview conducted with the Administrator on / at 12:30 pm confirmed the missing trainings for Employees C and D. She stated they must be in another facility.

This was previously cited at the biennial licensure survey on / , and again during the revisit survey on / , both conducted by representatives of this office.

Class III

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0161 Records - Staff

Based on a review of employee records, and staff interview, the Administrator failed to maintain personnel records for 2 of 2 staff members reviewed (Employees C and D) which contain documentation of compliance with all training requirements of this part or applicable rule. The Administrator failed to include an employment application in the personnel file for 1 of 2 sampled employees (Employee C), and failed to include documentation of freedom from communicable , including ( ) for 1 of 2 sampled employees (Employee D). Finally, the Administrator failed to maintain a written work schedule for the most current 6 months as required by Rule 58A-5.019, F.A.C.

The findings included:

A personnel file review for Employee C (resident aide) revealed no documented hire date; however, this aide was working in the facility at the time of the inspection conducted by a representative of this office on . The personnel record contained no documentation of the required training in facility emergency procedures and chain-of-command, resident rights, recognizing and reporting abuse, neglect, and , incident reporting, elopement response procedures, or the facility's policies and procedures regarding ( ). In addition, there was no employment application or furnished references in the personnel record for Employee C.

A personnel file review for Employee D (resident aide) revealed a hire date of / . There was no documentation of training in facility emergency procedures and chain-of-command, resident rights, recognizing and reporting , neglect, and , elopement response, incident reporting, or the facility's policies and procedures regarding . Finally, there was no documentation from a health care provider that Employee D had no signs or symptoms of communicable , including .

During a tour of the facility conducted on at 10:40 am, surveyors did not observe a work schedule at any location in the home. An interview was conducted with Employee D, a resident aide, on at 11:20 am. When asked to produce a written staff schedule, she could not locate the schedule for the month of 2016. She confirmed there was no current schedule posted in the facility.

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An interview was conducted with the Administrator on at 12:30 pm. She reviewed the files for Employees C and D and confirmed the missing trainings for Employees C and D, the missing health screening for Employee D, the application for Employee C, and the absence of a facility schedule for the month of 2016.

Class III

Z814 Background Screening Clearinghouse

Based on a review of the electronic Employee Roster on the AHCA Background Screening Clearinghouse website, the facility failed to maintain an up-to-date roster of employees currently working in the facility.

The findings included:

Review of the AHCA Background Screening Clearinghouse Employee Roster was conducted on at 9:44 am. The roster reflected 6 employees working in the facility at the time.

An interview with the Administrator on / at 12:30 pm revealed there were currently 3 employees working in the facility. She reviewed the roster, and confirmed that 3 additional employees who no longer worked in the facility were still listed as active employees on the roster. The Administrator stated none of the 3 former employees had worked in the facility for at least 3 months. She said she thought she had updated the roster, and confirmed it was not up-to-date.

This was previously cited at the biennial licensure survey on , and again during the revisit survey on / , both conducted by representatives of this office.

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

5, 2017

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 representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2017.

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,

Amanda Wisehart

Amanda Wisehart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/AW/sm
Enclosure

BBT7

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