STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966520	**12/21/2016**
NAME OF PROVIDER OR SUPPLIER **TENDER CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2407 GRIFFIN COURT OCOEE, FL 34761**	

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

0000 - Initial Comments

On 21, 2016 a Limited Nursing Service (LNS) monitor visit was conducted. Tender Care Inc., license #10701, had a deficiency at the time of the visit.

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on personnel record reviews and interview, the facility failed to ensure staff who had direct contact with mental health residents in a licensed limited mental health facility, received the required minimum 6 hours of training within 6 months of employment for 1 of 3 staff (A.)

Findings:

Personnel record review for staff A, a caregiver, revealed a hire date of /

Continued review revealed no documented evidence staff A received a minimum 6 hours of specialized training in working with individuals with mental health diagnoses within 6 months of employment, as required.

On / at 10:03 AM, the administrator confirmed the finding and said "I gave them all an online course to do at their own pace."

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Tender Care, Inc.
2407 Griffin Court
Ocoee, FL 34761

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 , 2017.** 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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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