STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968664	R 01/31/2017
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 follow-up visit to a complaint investigation was conducted at M H Tender Care , (License #12522) on 1/31/2017. M. H. Tender Care had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record reviews and interviews with the Administrator 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 2 out of 3 resident records that were sampled.

The findings include:

An observation was conducted of Resident #2 on the initial tour of the facility on / / at 10:05 AM of the resident sitting in a wheelchair with a flannel shirt wrapped around her waist and wheelchair and tied to the back of the wheelchair where the resident was not able to move freely.

A record review for Resident # 2 revealed the resident is listed as independent with ambulation, needing medication administration. (photographic evidence obtained)

An interview with Employee A, on / / at 10 :30 AM confirmed Resident #2 is no longer independent and requires assistance with all her Activities of Daily Living (ADL).

An interview with the Administrator on / / at 12:08 PM confirmed that the facility does not employ licensed staff and uses medication technicians to assist residents daily with their medications. The Administrator also confirmed Resident #2 is not independent with activities of daily living and her 1823 was not accurate and needed to be updated.

2) A review was conducted of the 1823 for Resident #5 which revealed under Section 1, question #6 "Does the resident require 24 hour hour nursing or care?" is blank. In addition the physician did not date the 1823 to identify when the assessment was done. (photographic evidence obtained)

An interview with Administrator on / / at 12:15 PM confirmed the 1823 for Resident #5 was not complete due to the physician did not identify if the resident required 24 hour care and the form was not dated. The Administrator stated "I guess I need to pay closer attention to that."

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

CLASS III

0030 Resident Care - Rights & Facility Procedures

Based on observations, record reviews and staff interviews, the facility failed to honor resident rights, evidenced by the use of physical as required in Section 429.41 (1) (k), F.S., for Resident #2 out of 6 residents currently living at the facility.

The findings include:

An observation was conducted during the initial tour of the facility on / / at 10:05 AM of Resident #2 sitting in a wheelchair with a flannel shirt wrapped around her waist and tied behind the back of the wheelchair keeping the resident in place.

An interview with Employee A, on / / at 10:30 AM was asked why the resident was tied with a shirt to her wheelchair. The employer replied " She can get up but I don't want her to walk. I know I shouldn't do that but she can be quick and I don't want her to ..l. "

A record review was conducted for Resident #2 and no physician orders are found for the facility to use physical for the resident.

An interview with the Administrator on / / on 12:11 PM confirmed Resident #2 does not have orders to be physically restrained and the staff should not tie her to the wheelchair. She stated " She knows better than that."

CLASS III

0160 Records - Facility

Based on record reviews, and interviews with the Administrator the facility failed to have an up to date admission and discharge log for all resident's living at the facility for Resident #6, out of 6 residents reviewed.

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

The findings include:

An interview with Employee A on 1/31/2017 at 10:05 AM confirmed the current census of the facility is 6 and was asked for the facility Admission/Discharge log.

On / /2017 at 12:01 PM the Administrator gave this surveyor the facility Admission/Discharge log. The log was a plain white piece of paper with multiple residents information listed on the paper. Resident #6 name is listed on the form but does not indicate his date of admission. (photographic evidence is obtained)

An interview with Administrator on / / at 12:05 PM confirmed Resident #6 admission date is not listed. She said she didn't know how to list his admission date since he originally came in as respite resident and then decided to stay.

On / / at 12:29 PM the Administrator brought this surveyor a different Admission/Discharge log which revealed Resident #6 was not listed on the log. She stated " This is the right log I need to add him to this one."(photographic evidence obtained)

CLASS III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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 revisit survey conducted on , 2017 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 and/or 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

AF/AW/sm
Enclosure

BBT7

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