

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967552	(X3) DATE SURVEY COMPLETED 06/01/2017
NAME OF PROVIDER OR SUPPLIER K Y R TENDER CARE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 429 E IDLEWILD AVE EUSTIS, FL 32726	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on _____ at K Y R Tender Care Assisted Living Facility (License #11582), 425 E. Idlewild Avenue, Eustis, FL. Deficient Practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to ensure a copy of a hospice interdisciplinary care plan, which delineates, the services being provided by hospice and the facility, was maintained in the hospice resident's record for 1 of 1-hospice residents (Resident #5).

Findings:

A record review of Resident #5's medical chart was completed on _____. During the record review of Resident #5's medical chart the Resident Health Assessment (AHCA Form 1823), dated _____, revealed that the resident is enrolled in Hospice. Further review of the record revealed no evidence of a Hospice Interdisciplinary Care Plan in Resident #5's record.

On _____ at 2:15 PM, an interview was conducted with the Owner. When asked if there was a Hospice Interdisciplinary Care Plan for Resident #5 the Owner handed the surveyor a Hospice Folder, which contained recorded visits from Hospice care staff. When asked again for the Care Plan, she stated, "That is all we have, we do not have a care plan. Hospice did not give us one."

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation and interview, the facility failed to maintain an Activities Calendar and failed to ensure an ongoing daily schedule of activities programing, for a minimum of 12 hours per week, in keeping with the needs, abilities, and interests of 5 of 5 residents.

Findings:

During the tour of the facility, on _____ starting at 9:40 AM, no posted Activities Calendar was observed. During the tour, one resident was observed sitting on the couch watching television, one resident was sitting in a chair sleeping, another resident was sitting at the dining _____, and the two other residents were in their _____. Later in the day, during the survey, two residents participated in a card game and a BINGO game for about an hour.

**AGENCY FOR HEALTH CARE
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An interview was conducted with Resident #1 on at 10:41 AM. When asked about the activities offered at the facility, Resident #1 stated they play cards but she chooses not to participate. They really do not do much in the way of activities. She stated she needs exercise and an opportunity to walk with her; she gets stiff and is not walking enough. She stated she used to be very active at the Senior Center but she does not see her friends she had there anymore. She concluded by stating, she used to be very social but she spends most of her time in her An interview was conducted with Resident #2 on at 11:13 AM. When asked about the activities offered at the facility, Resident #2 stated they do not have many. She stated they play cards and she reads a book on the porch. She stated she needs to exercise and walk more so she can get stronger. She further stated she does not sleep well at night and she thinks it is because she does not get enough stimulation during the day. An interview as conducted with the Owner on at 12:05 PM. When asked about an activity calendar she stated we do not have one. She stated we used to have more planned activities but this group of residents really do not want to participate in many activities. An interview was conducted by telephone with the Administrator on at 1:11 PM. When asked about the activities calendar and planned activities, she stated that the facility does need to develop a more structured program for the residents. An interview was conducted with Resident #2's grandson on at 3:45 PM. During the interview, he stated his grandmother (Resident #2) has become depressed since moving into the facility, she is bored. I have talked to the Administrator about getting a dog, a poodle. He stated he thinks a dog would be well received by the residents and would boost the morale of all the residents. Class III Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS Based on interview and record review, the facility failed to ensure staff completed an attestation of compliance every 5 years for 3 of 3 staff (Staff A, B and C). Findings: A review of the personnel files for Staff A, the Administrator; Staff B, the Owner, and Staff C, the Caregiver, conducted on revealed the Administrator (Staff A) was hired on and		

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signed an Affidavit of Compliance for Background Screening Requirements on A review of the Owner's personnel file revealed a hire date of and no Affidavit of Compliance for Background Screening signed by Staff B since The Affidavit of Compliance for Background Screening reviewed in Staff C's personnel file was dated,, and Staff C was hired on No staff had a current up to date Affidavit of Compliance for Background Screening Form in the 3 of 3 staff records reviewed. An interview was conducted with the Owner on at 3:10 PM. She confirmed she was unaware of the necessity of having a signed Affidavit of Compliance for Background Screening Requirement for all staff. She confirmed that she would see that these are signed and completed for all staff as soon as possible. Unclassified		