STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967214	R 10/22/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TM TENDER CARE	**9 PONDEROSA LANE** **PALM COAST, FL 32164**

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

0000 - Initial Comments

An unannounced follow up to the change of ownership survey was conducted from to at TM Tender Care (Lic # 11336). The facility had deficiences found at the time of the survey.

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on record review and staff interview, the facility failed to implement procedures for elopement prevention for 1 of 5 sampled residents (Resident #1).

The findings include:

Record review for Resident #1 revealed a Health Assessment dated . The Assessment indicated Resident #1 was an elopement risk. Progress notes for Resident #1 revealed on ,she was making attempts to go through the front door, stating "she has to go home now".

Progress notes from , and Aufgust 2017 also indicated the Resident was and did not understand she was in an Assisted Living Facility, and worried her children were home alone.

The facility's Elopement Policy was reviewed. It mandated that if a resident is assessed as risk for elopement, the facility shall obtain or take a current photo, and have it placed in the resident's file within 10 calendar days of the assessment. Further, the policy stated the facility will also document resident elopement response drills and maintain this documentation in facility records.

Employee H, acting as the facility's Administrator, on at 1:38 p.m. stated Resident #1 "was not really an elopement risk. She sometimes says she wants to go home but she would walk to the mailbox and then want to come right back".

On at 1:50 p.m. the Administrator confirmed she did not have the required photo identification for Resident #1. On at 1:56 p.m. the Administrator also stated she did not have any documentation of elopement drills for 2017 and only one was done in of 2016.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and staff interview, the facility failed to maintain documentation of changes to physician orders for 1 of 5 sampled residents, Resident #1.

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The findings include:

Resident #1 had a Health Assessment in her record which indicated that she was assessed by a Physician's Assistant in of 2016 to be in need of assistance with self administration of medications.

Review of the paper MORs for 2017 showed that Resident # 1 was recieving , (Sereoquel), 25 mg, 1 tablet by mouth, at 8:00 pm. The paper MOR for , 2017 for Resident #1 did not include the .

Review of the paper MOR 2017 for Resident #1 showed there was no box to document her , . In an interview with Employee A at 10:57 AM on , she stated the facility also has a new electronic MOR (eMOR) system they implemented at the beginning of 2017.

The eMOR system for Resident #1 was reviewed, and the 2017 eMOR instructions for , read it was to be given once a day at 8:00 PM. The eMOR details that the start date was .

The medication label for Resident #1's , was reviewed on . Instructions on the label read to give the medication twice a day, at 8:00 AM and 8:00 PM. The medication was listed as filled on , and was listed as being ordered on .

Employee A, a Caregiver who assists residents with medications, was interviewed on at 1:41 p.m. She confirmed differences between the label and MOR. She stated she has been giving it twice a day per medication label. At the time of the interview there was no documentation that Resident #1 recieved doses according to the medication label.

At the time of the survey, the records for Resident #1 did not contain any orders which could clarify if the , had been discontinued, or that the dose had changed to what was on the label (twice per day).

The Administrator on at 1:45 p.m. confirmed the , was not on the current paper MOR for staff to document the resident recieved the medication, and that the records lacked the physican's order to indicate whether the , was to be given once a day, as the MOR instructed, or twice a day, as the label indicated.

Photographic Evidence Obtained

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Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based upon record review and staff interview, the facility failed to ensure that a change of administrator was to a qualified person who supervised no more than 3 ALFs.

The findings include:

Review of Florida Health Finder web site on at 9:00 a.m. revealed that Employee I was the Owner/Licensee on file effective 11/ .

On at 10:57 a.m. , Employee A, a Caregiver stated that Employee H was the Administrator.

Employee H produced a letter of desgination for herself as Administrator .This letter had the signature of both Employee I, listed on this letter as the owner, and Employee H, listed on this letter as the "Newly Designated Administrator".

Employee H (said to be the current Administrator) was interviewed on at 2:09 p.m. She stated that she has been running the facility since last year and did not know if AHCA was notified of this change.

Employee H was listed as the Administrator for 3 other facilities in the area during a review of the Florida Health Finder website (which lists the details of a facility's administration and demographics) on at 12:54 PM, making this the fourth location where she was the designated Administrator.

Photographic Evidence Obtained.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the Agency's Background Screening Clearinghouse web site, record review, and staff interview, the facility failed to update the employee roster for 6 of 6 employees. Employees A to G.

The findings include:

On at 1:57 p.m. Employee H, acting as the facility's Administrator, was asked about the facility's roster with the Agency's Clearinghouse. She stated Employees A and B were not added to the

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employee roster. She also stated that employees C-G were no longer employees of the facility, and left sometime in 2016. She confirmed she was the one responsible for updating the employee roster.

Record review revealed Employees A and B were caregivers employed since 2016. Review of the Agency's Clearinghouse on at 2:05 p.m. confirmed they were not added to the employee roster. The Employee roster listed Employees C-G as current employees.

This was previously cited on .

Unclassified