STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	01/04/2018
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

A unannounced complaint investigation, CCR# 2017011264, was conducted at MH Tender Care III (License #122100) on , 2018. MH Tender Care III had deficiencies found at the time of the investigation.

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

Based on observation, record review and interview, failed to post in common areas an activity calendar reflective of when residents were offered activities and to show that the facility was offering activities at least 6 days a week for a total of not less than 12 hours for the 5 residents that reside at the facility.

The findings include:

During a tour of the facility on at 9:15 AM, a white board was observed on the wall behind the dining . Written on the white board where the words "Week of" and the seven days of the week. There was a square for each day. Record review of the white board found it listed one activity for each day. Monday had "Movies", Tuesday "Balloon Toss", Wednesday "Pokenio", Thursday "Folding Laundry", Friday "Bingo", Saturday "Free day" and Sunday "Church". There were no times listed. (Photographic evidence obtained)

At the time of the observation the caregiver (Employee B) was asked where the activity calendar was located and she pointed to the white board. She was asked if that was the only activity calendar in the facility and she stated "yes".

An interview with Resident #4 on at 9:23 AM. She was asked if the facility had group activities. She stated the main activity at the facility is waiting for breakfast, lunch and dinner. She was asked about Church at the facility since it was listed on the white board for Sunday. She stated that they have Church on Friday and not Sunday. She was asked about a balloon toss. She stated, "I have a balloon in my I could throw it at them." She then stated that they did not have a balloon toss activity at the facility.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on staff interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for 1 of 5 residents. (Resident #5)

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The findings include:

Record review of the , Medication Observation Record on at 11:55 AM for Resident #5 found an order for , Low Dose 81 milligrams (MG), take 1 tablet by mouth once daily at 8:00 AM. The MOR was not initialed that the medication was given any day in ,.

During an interview with the Administrator on at 12:10 PM, she was shown the MOR and asked why the , was not documented as given. She stated the medication was given. She provided the bubble pack to show the , was with the other 8:00 AM medications. She confirmed that the caregiver had not documented she assisted with the Medication on the MOR.

Class III

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

Based on interview and record review, the facility failed to ensure that effort was made to ensure that prescriptions for residents who receive assistance with aelf administration of medication are filled in a timely manner for 1 of 5 sampled residents.(Resident #5)

The findings incldue:

Record review of the 2017 and the , 2018 Medication Observation Record (MOR) for Resident #5 revealed the medication of , with instructions to give 5 milligrams by mouth two times a day (at 8:00 AM and 8:00 PM) was on the MORS and not initialed as given for either month. Record review of the , 2018 MOR found on entry on that had initials circled to show the medication was not given. On a line above in a white area the words "not available" was hand written. There were no entries for , 2 through , , 2018.

During an interview with the caregiver (Employee B) on at 11:55 AM, she was sked about the medication. She stated resident #5 had not received the in a couple of months. She stated it had stopped coming in the bubble pack. She stated she called the pharmacy and stated she thought it had to do with the cost. When asked to provide evidence of this call, she could not remember when she called the pharmacy and could not produce any a record of that call.

While at the facility, the Administrator was asked for clarification to see if he discontinued the medication The Administrator called Resident #5's physician on at 12:00 PM. The Administrator asked the physician if the medication had been stopped. The physician was on the speaker phone with the Administartor and surveyor. The physician confirmed the medication was not stopped, and it was

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actually increased.

No evidence was produced to indicate the facility's staff or Administration had made efforts to get Resident #5's medication prior to the surveyor asking for clarification.

Class III

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

Based on interview and record review, the individual serving as Administrator of the facility managed the day to day operations in a manner that ensured access to adequate and appropriate care for 5 of 5 residents of the facility, and failed to ensure 2 of 2 employee records were maintained and the employees received the required trainings prior to working directly with the residents (Employee A and B).

The findings include:

1. Record review of the , Medication Observation Record on at 11:55 AM for Resident #5 found an order for , Low Dose 81 milligrams (MG), take 1 tablet by mouth once daily at 8:00 AM. The MOR was not initialed that the medication was given any day in . Record review of the 2017 and the , 2018 Medication Observation Record (MOR) for Resident #5 revealed the medication of 5 milligrams take one tablet by mouth two times a day at 8:00 AM and 8:00 PM was on both MORS and not initialed as given. Record review of the , 2018 MOR found on entry on that had initials circle to show the medication was not given. On a line above in a white area the words "not available" was hand written. There were no entries for , 2 through , , 2018. During an interview with the caregiver (Employee B) on at 11:55 AM, she was asked about the . She stated resident #5 had not received the in a couple of months. She stated it had stopped coming in the bubble pack. She stated she called the pharmacy because it coming and stated she thought it had to do with the cost. Employee B stated she could not remember when she called the pharmacy and did not have a record of that call.

While at the facility, the Administrator was asked to clarify Resident #5's medication. A phone called was made to the resident's physician by the Administrator on at 12:00 PM. The Administrator asked the physician if the medication had been stopped. The physician stated (on the speakerphone with the surveyor listening) the medication was not stopped. The physician stated it was actually increased.

During further interview with the Administrator on at 12:10 PM, she was shown the MOR for Resident #5 and asked why the , was not documented as given. She stated the medication was

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given. She provided the bubble pack to show the , was with the other 8:00 AM medications. She confirmed that the caregiver had not documented she assisted with the Medication on the MOR.

2. During a tour of the facility on at 9:15 AM, a white board was observed on the wall behind the dining . Written on the white board where the words "Week of" and the seven days of the week. There was a square for each day. Record review of the white board found it listed one activity for each day. Monday had "Movies", Tuesday "Balloon Toss", Wednesday "Pokenio", Thursday "Folding Laundry", Friday "Bingo", Saturday "Free day" and Sunday "Church". There were no times listed. (Photographic evidence obtained)

At the time of the observation the caregiver (Employee B) was asked where the activity calendar was located and she pointed to the white board. She was asked if that was the only activity calendar in the facility and she stated "yes".

An interview with Resident #4 on at 9:23 AM. She was asked if the facility had group activities. She stated the main activity at the facility is waiting for breakfast, lunch and dinner. She was asked about Church at the facility since it was listed on the white board for Sunday. She stated that they have Church on Friday and not Sunday. She was asked about a balloon toss. She stated, "I have a balloon in my I could throw it at them." She then stated that they did not have a balloon toss activity at the facility.

2. Record review of the employee file for Employee A (hired) found she received a 6-hour training in self-administration of medication on . There was no documentation found in the employee record to show she received any medication related training after that date. Record review for Employee A (hired) found no record of training.

Record review for Employee B (hired) found the only record of training documented in the employee file was a 30-minute training on in resident rights and .

The findings were confirmed during an interview with the Administrator on at 1:00 PM. She was not able to provide any additional information or documentation of training for either employee.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review, and staff interview, the facility failed to ensure that 2 of 2 employees (Employee B) received a minimum of 1 hour in service training in the area of recognizing and reporting resident

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, neglect and , within 30 days of employment.

The findings include:

Record review for Employee A (hired) found no record of training.

Record review for Employee B (hired) found the only record of training documented in the employee file was a 30 minute training on in resident rights and .

The findings were confirmed during an interview with the Administrator on at 1:00 PM. She was not able to provide any additional information or documentation of training for either employee.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to ensure 1 of 2 employees that assist with self-administering of medications received annually a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. (Employee A)

The findings include:

Record review of the employee file for Employee A (hired) found she received a 6-hour training in self-administration of medication on . There was no documentation found in the employee record to show she received any medication related training after that date.

Record review of the medication observation records (MORs) for 2017 and , 2018 for the five residents in the facility found Employee A was initialing the MORS for each of them, indicating she was assisting with their medications.

The finding were confirmed through interview with the Administrator on at 1:00 PM. She confirmed Employee A assists with self administration of medication at the facility. She did not have any additional medication training to provide for Employee A.

Class III