STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966284	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **TENDER TOUCH HOME CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1801 ALCAZAR DRIVE** **MIRAMAR, FL 33023**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Tender Touch Home Care, Inc. (License #AL10494). The facility had deficiencies identified at the time of the visit.

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

Based on record review and interview, the facility failed to ensure accuracy of the medication observation record (MOR) for one of three sampled residents (Resident #3).

The findings included:

Review of Resident #3's Medication observation record(MOR) on revealed that the listing of the following medications: /levo tab; 12.5 mg; 12.5 mg; Digozin 0.125 mg; 40 mg; 10 mg; 50 mg (All typed) and the following hand written on the MOR D 2000 by mouth twice a day; Hydroco 5-325 take one tablet by mouth three times a daily Q 8 and extra strengh take 1 tab twice a day for pain. Review of the bottle containing the over the counter medication (OTC) revealed a different hand written order (1 tab P.O. by mouth twice a day as needed).

During an interview with the Administrator on at 1:20 PM, she said that she wrote the orders on the MOR and the medication bottle per the instruction she received from the Physician but forgot to write as needed (PRN) on the MOR. Review of the 2018 MOR revealed that the medication might have been administered twice.

An interview with Resident #3 revealed that he is and alert able to make his needs known. However, he depends on the facility to administer his medications to him as ordered.
Review of the Health Assessment (AHCA) form 1823 revealed that the resident requires assistance with self administration of medication.

Class III

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

Based on record review and interviews, the facility failed to ensure that two of three employees (Employees, A & B) completed the Assistance with self-administration and Medication management training.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings included:

Review of the employees file on revealed that two employees did not complete the Assistance with self-administration and Medication management training update.

Employee A's date of hire was on . Review of the Staffing Schedule revealed that she works at the facility during the day. An interview with Employee A on at 9:00 AM confirms that she works at the facility since the aforementioned date and assist with self-administration of medication. Review of Employee A's file revealed that her last medication training was completed on (4 hrs.).

Employee B's date of hire was on and completed the assistance with self-administration of medication and medication management training on (4 hrs.). The Staffing schedule revealed that Employee currently works at the facility both days and nights. During an interview with Employee B on at 8:45 AM, she also confirmed that she works at the facility but states that the Administrator performs the task of assisting residents with their medication most of the time.

During an interview with the Administrator, on at 3:00 PM, she was not able to provide verification of completion of the medication training update for any of the two employees (A & B).

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have an approved County Emergency Management Plan (CEMP).

The findings included:

During records review on at the facility, it was noted that the CEMP approval letter was missing. The only approval letter available was an application which the Administrator provided and indicated was submitted to the County for approval. The application had no date.

During an interview with the Administrator on at 3:29 PM, she reported that she sent the application to the City and never receive any document back (no letter of approval). She was asked to provide the cancelled check to validate her claim, she was not able to provide the requested document.

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SUMMARY STATEMENT OF DEFICIENCIES
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Therefore, the facility was unable to provide verfication/proof that the local Emergency Management Agency had approved the facility's CEMP.

Class III