STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943141	**05/10/2018**
NAME OF PROVIDER OR SUPPLIER **ELZAIDA'S TENDER CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **804 SOUTH BELCHER ROAD** **CLEARWATER, FL 33764**	

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

0000 - Initial Comments

Assisted Living Facility

A Monitoring Visit for Resident's Well-Being was conducted at Elzaida's Tender Care Assisted Living Facility on . Deficient practice identified at the time of survey.

(License#: 7280)

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

Based on record and interview, the facility failed to maintain accurate Medication Observation Records (MORs) free from omissions and errors for two Residents (#1 and #2) of three sampled residents who need assistance with self-administration of medications.

Findings Included:

A Medication Observation Record review for Resident #1 conducted on , revealed that Resident #1's prescription medication 50mg was incorrectly transcribed on the Medication Observation Records. The label on Resident #1's medication bottle stated to take two tablets every day. Resident #1's Medication Observation Record stated to take one tablet every day. Resident #1's , 3mg was incorrectly transcribed on the Medication Observation Records. The label on Resident #1's , medication bottle stated 3mg. Resident #1's Medication Observation Records stated , 5mg. Resident #1 also had two prescription bottles of medication that were not listed on Resident #1's Medication Observation Record for 100mg and , 1mg. Resident #1's Agency for Health Care Administration Health Assessment Form 1823 also did not list Resident #1's medication.

A Medication Observation Record review for Resident #2 conducted on , revealed that Resident #2's prescription label stated , 1mg tablets take on tablet by mouth twice every day. Resident #2's Medcation Observation Record stated , 0.5mg tablets take one tablet prn. Resident #2's Agency for Health Care Administration Health Assessment Form 1823 did not list Resident #2's medication.

During a Staff interview with the Owner conducted on at 01:45pm, the Owner stated that Resident #1 and #2 do not have any additional medication lists in their records.

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

Class III

0151 - Physical Plant - Existing Facilities - 58A-5.023(2) FAC

Based on observation and interview, the facility failed to (1) provide a safe living environment free of hazards; and, (2) Ensure that all existing mechanical, electrical, and structural systems maintained in good working order.

Finding Included:

An observation and tour of the Facility conducted on at 12:30pm, revealed environmental safety issues. The pool was empty with the exception of some water sitting in the bottom. The gate had no locking mechanism for safety. The last Department of Health Inspection Report dated noted this as a violation.

Continued tour on that same date revealed the temperature in the building to be 83 degrees. The thermostat was set on 79 degrees.

During a Staff interview with the Owner conducted on , the Owner stated that, "someone is coming this week" to fix it, referring to the pool.

Class III