STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	06/18/2018
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

An unannounced biennial licensure survey was conducted at M H Tender Care III on , 2018. M H Tender Care III (License #12210) had deficiencies found at the time of the visit.

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

Based on observation, record review, and interview, the facility failed to provide an ongoing diversified activities program keeping with each resident's needs, abilities, and interests that reflected at least 12 hours of scheduled activities each week for the 6 residents living at the facility.

The findings include:

During a tour of the facility on at 8:05 AM, an activity calendar dated , 2018 was observed tacked to a wall located across from the front door. (Photographic evidence obtained.) Record review of the calendar found activities listed such as folding clothes, walking, balloon toss, cards, painting nail day, and church. There were no times on the calendars to reflect when the activities were offered.

The survey team did not observe any organized activity on between 8:00 am and 2:30 PM. During that time, several residents watched TV in the living .

During an interview with Resident #1 on at 8:25 AM, , she said she lived at the facility for about 5 years. She was asked if there were any group activities at the facility and if the facility had an activity calendar. She stated she had not seen an activity calendar. She further stated the only activity they do is watch TV. She was shown the , activity calendar. She stated, "We do not do any of that. I have not seen that."

During an interview with Resident #5 on at 11:07 AM, she was asked if the facility had any group activities. She stated they really did not have any activities. She was asked what they do each day. She stated, "Watch TV."

In an interview with Employee A on at 12:45 PM, she was asked how she gets the residents to participate in activities. She stated, "They will dance." She was asked how she knew what activity to do each day. She stated, "I call the Administrator each day and she tells me what to do." She was asked what activity was she told to do today and she stated, "fold clothes." She was asked if she used , calendar that was observed near the front door. She informed the surveyor she did whatever activity she

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wanted or what the Administrator told her to do.

During an interview with Resident #2's daughter on [redacted] at 12:48 PM, she stated her mother has lived at the facility for about two months and she visits her at the facility twice a week. She stated she was not witness to any activities at the facility during her visits and had not seen an activity calendar.

During an interview with Resident #6 on [redacted] at 1:15 PM, she stated she had lived at the facility for about a year and a half. She was asked if the facility had any group activities. She stated, "All you will see is TV. We did things in the past but nothing now."

Class III

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

Based on staff interview and record review the facility failed to conduct elopement drills to ensure the safety of the six residents residing of the facility.

The findings include:

During an attempt to review the facility elopement drills, no current drills were found. An interview was conducted with the Administrator on [redacted] at 2:15 pm. She was asked when was the last elopement drill conducted, she said they should be in the notebook she provided. When asked what was the date of the most recent elopement drill, she said she would need to review the notebook.

After review she stated the last one she could find was dated for [redacted] 2017. She said the Manager at the facility, the Medication Technician (MT) was responsible for doing the drills. The MT was interviewed on [redacted] at 2:25 pm, when asked if she had conducted any elopement drills, she stated "no". She further added she did not know she was suppose to do the drills.

Class III

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

Based on record review and staff interview the facility failed to to maintain accurate Medication Observation Records for 1 of 3 sampled residents. (Resident #3)

The findings included:

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M H TENDER CARE III	**36 BRONSON LN PALM COAST, FL 32137**

SUMMARY STATEMENT OF DEFICIENCIES
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Review of the Medication Observation Record (MOR) for Resident #3 included an order for , 0.5 mg for , with instructions to take one daily at 8:00 am as needed. The 2018 MOR indicated the medication was given everyday.

An interview was conducted with the Medication Technician (MT) on at 11:15 am. When asked if Resident #3 requested , every morning, she stated "no, she is ". She was asked how she knew Resident #3 needed the medication. She said she does not give Resident #3 the , because she does not take that medication any more. When asked when it was discontinued, she said a few months ago. The MT was asked why she had been documenting the medication everyday. She said "oh, that was a mistake".

An interview was conducted with the Administrator on at 12:30 pm. When asked if Resident #3 was receiving , 0.5 mg everyday, she stated "no" . She was asked when the medication was discontinued, she said it was discontinued a few months ago, but the pharmacy does not keep the MOR's updated. She was asked to provide copy of physician order to discontinue the medication. She was unable to find the order.

The Administrator was asked to provide prior months MOR's since . After review of the record she could only produce MOR's for , and , 2018. Review of the those MOR's revealed the staff documented , was given everyday. When asked who reviewed the new MOR's each month, she stated that she did, but must have missed some of the changes. She further stated she was finding more frequent mistakes and it was the pharmacy's responsibility to update the MOR's.

The pharmacy was contacted on at 12:45 pm. The pharmacy technician was asked if there was a current order for , 0.5 mg for Resident #3, and she reviewed and stated it had not been filled since . When asked if there was a discontinue order, she stated none was found. When asked why it had not been refilled, she said the facility had not reordered.

Class III

0076 - ( ) - 58A-5.0186 FAC

Based on staff interview and record review, the facility failed to ensure staff was knowledgeable of ('s) to meet the needs of 1 of 2 residents reviewed that had a . (Resident #2)

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M H TENDER CARE III	**36 BRONSON LN PALM COAST, FL 32137**

SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

During an interview with Employee A on at 12:45 PM, she informed the surveyor she had worked at the facility for over a month. She stated she worked at the facility for 24 hours a day and worked alone. Employee A was asked what a " " was. She could not answer. She was then asked what " " were. She still do not know. She informed the surveyor that her memory was not good due to health issues she experienced. She was then given a scenario of a resident not being responsive and knowing if recussitation efforts should be done , and what to inform the Paramedics' when 911 is called. After this was explained, she was asked how she would know if someone wished to be . She then stated she was not aware of any residents in the facility did not want to be . She then showed the surveyor how she would rub a person rub the person and then said everywhere she works they love her and want to respond to her. Employee A was asked if she ever had training and she stated she could not remember.

Record review for Resident #2 revealed she had a .

During the exit conference with the Administrator on at 2: 30 PM, she was informed that Employee A was not aware of what a was. She stated she would speak with her but did not have anything else to add.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on employee record review and staff interview, the facility failed to ensure 1 of 2 employees (Employee A) submitted a written statement from a health care provider documenting freedom from signs or symptoms of communicable within 30 days of employment.

The findings include:

Record review for Employee A (hired) revealed no evidence of a written statement from a health care provider documenting that Employee A did not have any signs or symptoms of communicable . The only information found in the employee record was a lab test for dated .

During an interview with Employee A on at 12:45 PM, she was asked if she had provided the Administrator with a letter from a medical provider to show she was free from signs and symptoms of

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communicable . . . . . She stated she did not and that she has an appointment this week to see doctor and would get the statement.

The findings were confirmed during an interview with the Administrator on . . . . . at 2:30 PM. She was informed that the communicable statement was not in the file she provided for Employee A. She did not have any additional paperwork to provide.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and staff interview, the facility failed to maintain evidence of meeting the minimum required staff hours of 212 hours a week for the 6 residents of the facility.

The findings include:

During a tour of the facility on . . . . . at 8:05 AM, an employee schedule was observed tacked to a wall located across from the front door. (Photographic evidence obtained.) Record review of the schedule found it was dated . , 2018. Twenty-two of the days had one employee listed, with fifteen of those days having "24 hours" written in.

There were seven days listed with two employees listed; six of those days showed one employee worked 24 hours. The hours of the second employee was not listed, and there were no hours on the seventh day. Record review of the schedule found there was no way to determine the number of hours the facility was staffed each week.

During an interview with the Administrator on . . . . . at 9:55 AM, she was asked for the current employee schedule. She stated she was working on the schedule for . . .

An interview was held with Employee A on at 9:55 AM. When asked when she worked at the facility, she stated she works about 12 hours a day. She confirmed she was at the facility for 24 hours a day as written on the schedule. She was asked which days, and she explained she works Sunday through Friday and is off on Saturday and one day during the week. She stated the Administrator would call her and tell her which days she is off during the week.

During a second interview with Employee A on at 12:45 PM she was asked, "Is there staffing on all shifts to meet the needs of the residents?" She answered, "It is a lot of work."

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Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on record review and staff interview, the facility failed to ensure the food service designee obtained a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility annually.

The findings include:

During a tour of the facility on . . . . . at 8:05 AM, a certificate for Food Service training was observed on the bulletin board above a desk in the front of the facility. Record review of the certificate found it was for 2 hours of training on . . . . . . (Photographic evidence obtained)

The Administrator was asked for her employee file on . . . . . at 9:55 AM. She stated she did not have any records at the facility and informed the surveyor she had her information from visits to her other facilities. The Administrator left the facility and returned prior to lunch. She came back with groceries. She was asked again for her employee file and she stated she did not get it.

The Administrator confirmed during the exit conference on . . . . . at 2:45 PM she was the food service designee for the facility. She was asked if she had any additional food service training to provide and she stated she did not.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview and record review, the facility failed to ensure all regular and therapeutic menus to be used by the facility were reviewed annually by a licensed or registered dietitian.

The findings include:

The menu for the week was observed on the side of the refrigerator on . . . . . at 8:05 AM. Record review of the menu found it was signed by the registered dietician , 2017. (Photographic evidence obtained.)

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During an interview with Administrator at 10:55 AM, she confirmed the menus were expired.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on observation, record review, and staff interview, the facility failed to maintain an up-to-date admission and discharge log for 1 of 6 residents residing at the facility (Resident #2) the discharge date and location of discharge for 1 resident (Resident #7) no longer living at the facility.

The findings include:

1. During a tour of the facility on at 8:05 AM, six residents were observed living in the facility. A review of the facility's admission and discharge log found 6 residents were listed as still living in the facility. Resident #2's name was not on the log. Resident #7's name was found on the log. Her discharge date and reason for discharge that was was crossed off. During an interview with Employee A on at 10:30 am, she was asked if she knew Resident #7. She stated she did not and that she had only worked at the facility for a little over a month.

Record review of Resident #2's contract and medical file found no evidence of when she was admitted to the facility. During an interview with Resident #2's daughter on at 12:48 pm, she stated Resident #2 was admitted to the facility a couple of months prior after a hospitalization. She further stated the resident was at another facility owned by the same Administrator prior to that hospital stay and had come to the current facility after her discharge from the hospital.

The findings were confirmed during an interview with the Administrator on at 2:30 pm. She was informed that Resident #2 was not on the log and that Resident #7 was still listed. She stated Resident #7 left a long time ago and she had nothing to say about Resident #2 not being added.

Photographic Evidence Obtained

Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on record review and staff interview, the facility failed to maintain employee schedules for the facility and failed to maintain any records for the Administrator at the facility.

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

The findings include:

During a tour of the facility on at 8:05 AM, an employee schedule was observed tacked to a wall located across from the front door. (Photographic evidence obtained.) Record review of the schedule found it was dated , 2018. The schedule for , included 3 days where the Administrator was listed as working in the facility; On , , 2018, she was scheduled to work alone. During an interview with the Administrator on at 9:55 AM, she was asked for the current employee schedule. She stated she was working on the schedule for .

The Administrator was asked for her employee file on at 9:55 AM. She stated she did not have any records at the facility. The Administrator left the facility and returned prior to lunch. She came back with groceries. She was asked again for her employee file and she stated she did not get it.

During the exit conference with the Administrator on at 2:45 PM, she still did not have any records to provide as evidence her file was in complaince.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	LC11287	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **PARK AVENUE IMAGING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2128 PARK AVE** **ORANGE PARK, FL 32073**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Park Avenue Imaging, (License #10650) on , 2018. Deficient practice was not identified during the survey.