STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968280	**12/07/2018**
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

From [redacted] to [redacted], a monitoring visit was conducted at 29 Prince John Lane in Palm Coast, Fl. Deficient practice was identified at the time of the visit.

Z827 - Unlicensed Activity - 408.812 FS

Based on observations, resident and staff interviews and record reviews, the facility's controlling interest failed to ensure 3 of 3 residents of an unlicensed facility located at 29 Prince John Lane, in Palm Coast, Fl., recieved these services in a location that held a valid license from the Agency. This licensed facility shares a controlling interest with the unlicensed facility.

The finding include:

On [redacted] at 1:00 pm, an unannounced closure monitoring visit was conducted at 27 Prince John Lane, Palm Coast. Review of the Final Order showed the location at 27 Prince John Lane did not have a valid, current license to operate. On arrival at 27 Prince John Lane, Employee A, a caregiver answered the door.

An observation of Resident #3 was conducted upon entry on [redacted]. He showed Surveyor his room and belongings. He stated that he receives medication reminders and then showed the Surveyor where his medication was being kept. The medication is kept in an unlocked drawer in the kitchen with the other resident's medication. His medication is kept in pill organizer, unnamed and he stated he takes his own medication however staff reminds him to take it daily. He reports his meals, showering assistance and housing are provided by the facility. He confirmed the owner did not reside in the home.

In an interview with Resident #1 on [redacted] at 1:32 pm he stated he has been at the facility for 3 years, receives 3 meals per day along with medication assistance 3 times per day and receives assistance of ADL's. He then showed Surveyor his room and belongings. The resident was alert, verbal and coherent. The resident then showed surveyor where the medications were kept, in an unlocked cabinet in the kitchen. Photographic evidence was obtained. He confirmed the owner does not live in the home.

Resident #2's family member was interviewed [redacted] at 1:06 pm where she confirmed that Resident #2 needed assistance with medications, meals, and ADL's.

An interview was conducted with the Administrator on [redacted] at 4:00 pm. She stated that she was

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unware she was operating an unlicensed facility. She was reminded that on . . . . . , a survey was conducted where a notice of unlicensed activity was provided.

Agency records showed the Administrator of 29 Prince John Lane is also listed as the Administrator of record, and controlling interest for this facility, as of the day of survey.

Photographic Evidence Obtained.

Unclassified