STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	12/17/2018
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . K & S Tender Care, LLC, license #12956, had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

Based on observations, record reviews, and interview, the facility failed to ensure the health assessment (form 1823) was accurate and complete for 2 of 2 sampled residents. (#1 & #5)

Findings:

Review of the record for resident #1 revealed an 1823 dated . The form was incomplete for the type of assistance required for medications. This section was left blank.

Review of the record for resident #5 revealed an 1823 dated . The form documented the resident required medication administration. The resident was observed eating lunch without assistance. Review of the staffing schedule revealed the facility does not have a nurse on staff.

On at 1:30 PM, staff B said the resident #5 is able to self-administer medications. She confirmed a nurse was not present in the facility. Staff C confirmed the health assessments were incorrect or incomplete.

Class III

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

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider 1) documenting freedom ( ) for 4 of 4 sampled Staff (A, B, C, D), 2) documenting freedom from communicable for 1 of 4 sampled staff (B) was in the record within 30 days of hire.

Findings:

1. Personnel record review for staff A, hired revealed the last documentation to confirm she was free from was dated (due).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	12/17/2018
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

2. Personnel record review for staff B, owner/administrator, revealed no documentation to confirm freedom from communicable and .

3. Personnel record review for staff C, owner/caregiver, revealed no documentation to confirm she was free from .

4. Personnel record review for staff D, hired revealed the last documentation to confirm she was free from was dated (due).

On at 2:00 PM, the Staff A confirmed the findings.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that direct care staff had completed the minimum staff in-service training requirements within 30 days of employment for 3 of 4 sampled staff (A, C & D).

Findings:

Review of the personnel records for staff A (caregiver hired), staff B (owner/caregiver) and staff D (caregiver hired) did not reveal evidence of training in the facility's policies and procedures regarding emergency preparedness and evacuation, including chain of command, elopement policies, ( ) or recognizing, and reporting , neglect and . There were certificates for online training in each of the above subjects, but they were not provided by the facility using their policies and procedures.

On at 2:00 PM, staff C confirmed the training documentation was not in the records.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on personnel record review and interview, the facility failed to ensure all employees had completed a one-time education course on (,) and (Acquired -Deficiency ,), including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment for 1 of 4 sampled staff (B).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	12/17/2018
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

Findings:

Review of the personnel record for staff B, owner/administrator, did not reveal evidence of training in / within 30 days of employment.

On at 2:00 PM, staff C confirmed the findings.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview, the facility did not provide for 3 of 4 sampled staff to attend a 1 hour in-service training regarding the facility's ( ) policies and procedures. (A, C, D).

Findings:

Review of the personnel records for staff A (caregiver hired), staff B (owner/caregiver) and staff D (caregiver hired) did not reveal evidence of training in the facility's policies and procedures regarding emergency preparedness and evacuation, including chain of command, elopement policies, or recognizing, and reporting , neglect and , .

There were certificates for online training in each of the above subjects, but they were not provided by the facility using their policies and procedures.

On at 2:00 PM, staff C confirmed the training documentation was not in the records.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to ensure the resident records contained all documentation as required by 58A-5.024(3) FAC for 2 of 2 sampled records (#1 & #5).

Findings:

Review of the record for resident #1, admitted , revealed documentation for in 2017.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	12/17/2018
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

There were no recorded in 2018.

Review of the record for resident #5, admitted , found the record did not contain 1) documentation of any since the time of admission, 2) the informed consent for assistance by unlicensed staff for self-administration of medications did not indicate it will or will not be overseen by a registered nurse, and 3) did not include documentation of the resident's appointed Power of Attorney.

On at 2:15PM, staff C (owner/caregiver) confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on resident record review and interview, the facility failed to obtain a signed residency contract for 1 of 2 sampled residents who moved to the facility from a sister facility (#5).

Findings:

Record review for resident #5 revealed he was admitted to the facility on . Contract review for resident #5 revealed it was signed on and was from the sister facility at another address. There was no contract in the record for the current facility.

On at 2:00 PM, staff C (owner/caregiver) confirmed the finding.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on facility record review and interview, the facility did not 1) have an approved Emergency Power Plan (EPP), 2) have an alternate power source on site, 3) have written policies and procedures available for review and 4) did not, within five (5) business days, notify each resident and the resident's legal representative in writing when the plan was submitted to the county Office of Emergency Management (OEM) for review and approval as required by 58A-5.036 FAC.

Findings:

Review of the facility documents did not find an emergency power plan approval letter.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	12/17/2018
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

No policies or procedures were provided when requested for review. A quote for a generator and an application for a contract with the fuel provider were presented when the plan and policies were requested. There was no documentation the residents or responsible families were notified in writing of the submission of the facility plan was available in the facility or resident records.

On at 10:05 AM, the caregiver/owner stated the plan had been submitted but she did not have an approval letter on the day of the visit. She stated a generator or fuel had not yet been purchased since they wanted to make sure the plan was approved first. She stated they did not know they were supposed to send notification letters to the residents/responsible parties when the plan submission to the county.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on personnel record review and interview, the facility failed to maintain the Level 2 Background Screening eligibility results in the personnel file for 1 of 4 staff reviewed (B).

Findings:

Review of the personnel record for staff B, the administrator & owner, did not revealed a Level 2 background screening result. Review of the Agency Background website found an eligibility date of .

On at 1:30 PM, the owner (staff C) confirmed the finding.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on personnel record review and interview, the facility failed to maintain the signed Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, referenced in subsection 59A-35.090(2), F.A.C., in the employee's personnel file for 3 of 4 staff reviewed (A, B & D).

Findings:

1. Review of the personnel record for staff A, a caregiver hired on , revealed a Level 2 background screening result with an eligibility date of . The record did not contain a signed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968691	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **K & S TENDER CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **155 AVIATION AVE NE** **PALM BAY, FL 32907**	

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

Attestation of Compliance documentation.

2. Review of the personnel record for staff B, the administrator & owner, did not reveal a Level 2 background screening result. Review of the Agency Background website found an eligibility date of . The record did not contain a signed Attestation of Compliance documentation.

3. Review of the personnel record for staff D, a caregiver hired on , revealed a Level 2 background screening result with an eligibility date of . The record did not contain a signed Attestation of Compliance documentation.

On at 1:30 PM, the owner (staff C) confirmed the finding.

Unclassified