Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965996	A. BUILDING: _____ B. WING _____	09/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER LOVING CARE ALF	3100 SW 79 AVENUE MIAMI, FL 33155

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ813 SS=D	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a signed Attestation of Compliance with Background screening requirements for one out of six staff sampled (Staff C). Findings included: A review of Staff C's personnel record revealed that hire date was on . There was no evidence in record of the signed Attestation of Compliance with Background screening requirements. On at 10:08 AM, the Administrator revealed that was not able to find this attestation. Class III	CZ813		
CZ816 SS=C	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background	CZ816		

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CZ816	Continued From page 1	CZ816		

rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with ..., the Department of Children and Families, or the Department of Financial Services for an applicant for a

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CZ816	Continued From page 2 certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's	CZ816		

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CZ816	Continued From page 3 secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that one out of six sampled staff obtained a new Level II Background Screening after a break in service of more than 90 days from a position that requires this clearance (Staff F). Findings included: Review of Staff F's personnel record revealed that hire date was . . . . The background screening results on record showed eligible . . . . . The job application dated . . . . . did not not show any work history.	CZ816		

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CZ816	Continued From page 4 On at 10:21 AM, Staff C revealed that Staff F worked on previous occasions in the facility, but he did not specify when. He stated they just kept her last job application. Unclassified	CZ816		

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A 000	Initial Comments A complaint investigation (complaint number 2019009770) was conducted at Loving Tender Care Alf on and concluded on . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to arrange the necessary care and services to treat and prevent worsening of the , for one out of eight sampled residents (#1). Findings included: Review of Resident #1's record revealed that there was a health assessment (AHCA form 1823) completed on . The assessment showed that the resident had medical history and diagnoses of Aneurysm, , insufficiency, high , , , and a , . The resident had physical or sensory limitation due to gait , . The assessment indicated that the resident needed precautions. The resident needed assistance with ambulation, bathing, , self-care, toileting, and transferring and supervision with eating. The facility completed a progress note on indicating that Resident #1 had redness	A 025		

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A 025	Continued From page 2 in the [redacted]; the facility repositioned the resident frequently and applied protective cream. The note completed on [redacted] indicated the resident continued with [redacted] area affected and the doctor recommended to apply [redacted], [redacted] in the area. On [redacted], the progress note showed the resident's affected area did not improve and the facility talked to the resident's son the possibility for hospice evaluation to what he agreed. On [redacted] at 7:40 AM showed, "the resident was affected and [redacted], the [redacted] area looked really bad." The facility called rescue who found vital signs stable, then called the ambulance services. The ambulance transferred the resident to a local hospital. On [redacted], the resident's son went to the facility and picked the resident's belongings because the hospital discharged the resident to a rehabilitation center. On [redacted] at 1:38 PM, the Administrator revealed that Resident #1 did not receive [redacted] care. The staff applied the cream ordered by the doctor. At 1:40 PM, the administrator add that the resident refused to complete her activities of daily living and the staff repositioned her every two to three hours. The staff remained her that needed to move. The resident completed the task once the staff remained her. On further at 1:43 PM, the administrator revealed that none of the residents received third party services. Review of hospital records for Resident #1 showed that the resident arrived to the hospital on [redacted] at 8:40 AM via ambulance and the chief complaint as per emergency medical service was [redacted]. The resident had elevated temperature of 100.9 F, [redacted], and [redacted] beets per minutes at arrival. The note from the physician at the Emergency Department on [redacted] at 10:13 AM showed	A 025		

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A 025	Continued From page 3 diagnoses of multiple , elevated troponin I level, , hypernatremia, and . The patient had , decreased activity, and three to the with eschar. The patient's son informed the hospital that he noticed the mother decline in the previous two weeks; she was not speaking much or being as responsive. The skin assessment completed at triage showed that the resident had a large non- decub in left , region, eschar was present through the whole base. There was a small similar eschar on the right , . She had also some , and on the left , with no eschar. The resident required to start fluids and an . One of the assessment completed on showed that the resident had right , and and with black eschar. The care progress note completed on revealed that right (assumed right ,) measured 4cm x 3cm, unstable eschar, scant brownish ,and the measured 6 cm x 8 cm unstable black eschar, moderate amount of , drainage and strong odor. and required . The discharge diagnoses on included , multiple , , hypernatremia, , , , , , acute loss and elevated troponin I level to a skilled nursing facility. Class II	A 025		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 4 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by:	A 152		

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A 152	Continued From page 5 Based on observation and interview, the facility failed to maintain a safe living environment, free of hazards and with all existing architectural, mechanical, electrical and structural systems, with appurtenances maintained in good working order. Findings included: On at 8:51 AM, during a facility tour, observed in # next to the kitchen, four broken tiles next to the nightstand by the entrance to the room. Two out of the four broken tiles were missing a piece, creating a hole in the floor tiles. # had crowded furniture. The wardrobe furniture, wheelchair, one nightstand and one of the two beds blocked the access to the closet. There was a bathroom between # and # . The step for entering into the shower had two broken tiles. There was one loose tile in one of the walls in the shower that left an opening to the inside part of the wall. The paint peeled on the side of one of the electric outlets in the hallway. There were resident's belongings in a fabric luggage container in # . The paint peeled on the ceiling close to the air conditioner exit. The peeled paint had an opening to the ceiling and drops of water from it. On at 2:18 PM, Staff C revealed that he would ensure those problems were fixed as soon as possible. Class III	A 152		
A 160 SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available	A 160		

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A 160	Continued From page 6 at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [illegible]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff.	A 160		

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A 160	Continued From page 7 (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures.	A 160		

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A 160	Continued From page 8 (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a complete and accurate documentation in the admission and discharge log. The facility failed to document the correct date of admission and date of discharge for one out of eight sampled residents (#2). The facility failed to clear identify the reason for discharge and the place to which discharged or transferred for three out of eight sampled residents (#2, #3, and #1). The facility failed to have the place from which the residents were admitted recorded for six out of eight sampled residents (#1, #3, #4, #6, #7 and #8) . Findings included: Review of admission and discharge log showed that Resident #2 had an admission date on and the discharge date was on . The log showed that the same resident had a second admission on and the second discharge date was on . The record did not show the place from which was admitted, the reason for discharge and the place to which discharged or transferred. The facility documented during his first discharge under place to which discharged or transferred the was wife's decision and the second discharge under place to which discharged or transferred that the resident at a local hospital.	A 160		

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TENDER LOVING CARE ALF	3100 SW 79 AVENUE MIAMI, FL 33155

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160	Continued From page 9 On . . . . . at 10:46 AM, the Administrator revealed that she entered the wrong date regarding Resident #2's first discharge date. She added that the resident's first discharge was on . . . . . instead of . . . . . . On . . . . . at 10:48 AM, Staff C revealed that Resident #2 lived in the facility while waiting for one of their other facilities to open a bed. Review of admission and discharge log showed that Resident #3's admission date to the facility was on . . . . . and the discharge date was on . The record did not show the place from which was admitted, the reason for discharge and the place to which discharged or transferred. The facility documented under place to which discharged or transferred that just lived for two months and returned to her house. Review of admission and discharge log showed that Resident #1's admission date to the facility was on . . . . . and the discharge date was on . The record did not show the place from which was admitted, the reason for discharge and the place to which discharged or transferred. The facility documented under the place to which discharged or transferred that it was family decision. Review of admission and discharge revealed that Resident #4's admission date was . Review of admission and discharge revealed that Resident #6's admission date was . Review of admission and discharge revealed that Resident #7's admission date was . Review of admission and discharge revealed that Resident #8's admission date was . There was no documentation about the place from which the residents were admitted.	A 160		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965996	A. BUILDING: _____ B. WING _____	09/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER LOVING CARE ALF	3100 SW 79 AVENUE MIAMI, FL 33155

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160	Continued From page 10 Class III	A 160		