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
	AL11966520	A. BUILDING: _____ B. WING _____	R 08/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TENDER CARE, INC.	2407 GRIFFIN COURT OCOEE, FL 34761

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{A 000}	Initial Comments A revisit to complaint investigation (#2026008404) was conducted at Tender Care, Inc on . Deficiencies remained uncorrected at the time of the visit.	{A 000}		
{A 077} SS=D	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is	{A 077}		

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{A 077}	Continued From page 1 responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least ; 2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core	{A 077}		

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{A 077}	Continued From page 2 competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No	{A 077}		

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{A 077}	Continued From page 3 =Ref-09393. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interviews, the facility failed to have the appointed manager complete core training and competency test requirements. Findings: Review of Florida Health Finder revealed the Administrator supervised two Assisted Living Facilities. The distance between both facilities was approximately 11 miles. During an interview on at 10:34 AM, the Administrator said she does not have a manager, and she only puts a staff person in charge in case of an emergency. The Administrator said she appointed Unlicensed Caregiver B approximately 1 month ago. The Administrator said each time she appointed Unlicensed Caregiver B she would write a new letter to him. The Administrator said that she does not date the letters. During an interview on at 11:08 AM, the Administrator restated Unlicensed Caregiver B, was placed in charge approximately 1 month ago. The Administrator said he was not a manager, but he is put in charge when there is an emergency or when she is unavailable. A request was made to see the letter she gave to Unlicensed Caregiver B. The Administrator said she does not have the letter and would need to get it from Unlicensed Caregiver B.	{A 077}		

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{A 077}	Continued From page 4 No additional documentation was received. Class III	{A 077}		
{A 152} SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (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	{A 152}		

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{A 152}	Continued From page 5 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: DEFICIENCY REMAINED UNCORRECTED Based on observation and interviews, the facility failed to make repairs as needed. Findings: Observed on at 10:03 AM, discolored wall, wall siding, and base board in the dining area. Observed on at 10:04 AM, three cracked tiles in the dining room near the exit door. Observed on at 10:17 AM, discolored living room wall next to kitchen. Observed on at 10:19 AM, exposed dark grey corner strips on the corners of the discolored transition wall from the living room to the hallway in front of the Resident's bathroom. Discolored baseboards on the transition wall. Discolored baseboards and wall in the hallway in front of the Resident's bathroom. During an interview on at 10:20 AM, Unlicensed Caregiver A said she learned from the Administrator that she could not get hold of the person to do the repairs. Observed on at 10:24 PM, Resident #2's bedroom wall, door, the sides of the door and the	{A 152}		

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{A 152}	Continued From page 6 wall were discolored. An approximate 1 inch by 1 inch indentation in the wall behind the bedroom door. During an interview on at 10:32 AM, spoke with the Administrator via phone call. The Administrator said that the person who was doing the repairs had purchased the items but needed to leave due to an emergency. The Administrator said the repairs were started but not completed. Observed on at 11 AM, light fixture in the Resident's bathroom had 2 missing bulbs and 3 bulbs in the light fixture with only one bulb on. Dust like material on the bathroom vent, wall next to bathroom door, and on light fixture. An approximate 2 inches by 3 inches indentation on the wall behind the bathroom door creating an open space. On the lower part of the wall, there was a hole approximately 1 inch by 1 inch. During an interview on at 11:28 AM, the findings were discussed with the Administrator, who confirmed the findings. (photographic evidence obtained) Class III	{A 152}		
{A 160} SS=D	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available 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	{A 160}		

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{A 160}	Continued From page 7	{A 160}		

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 , , ; 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 59A-36.018, 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 59A-36.019, F.A.C., that must be readily available by facility staff.
(e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C.
(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by

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{A 160}	Continued From page 8 Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, 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 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, 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 429.435, 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. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.;	{A 160}		

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{A 160}	Continued From page 9 (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record review and interviews, the facility failed to obtain an annual health department group care inspection. Findings: A request was made to review the health department group care inspection. The date for the inspection was . There were no additional health department, group care inspections to indicate the facility obtained an annual inspection. During an interview on at 10:33 AM, the findings were discussed with the Administrator. The Administrator said the health department came out but needed to return to the facility due to the facility's refrigerator not having a temperature gage. The Administrator said she had not received a group care letter yet and she will follow up with them. During an interview on at 11:30 AM, the	{A 160}		

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{A 160}	Continued From page 10 Administrator said she contacted the health department to obtain an update on the group care inspection report. No additional information was received. (photographic evidence obtained) Class III	{A 160}		