STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966284	05/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Touch Home Care, Inc.	1801 Alcazar Drive Miramar, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at Tender Touch Home Care Inc. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review, the facility failed to ensure the Resident Health Assessment (AHCA Form 1823) was fully completed for 1 out of 2 sampled residents (Resident #2).

The findings include:

During record review on at 1:00 PM, it was noted that the Health Assessment form (AHCA 1823) for Resident #2 was incomplete. Review of Resident #2's admission record revealed that she was admitted to the facility on and had a health assessment partially completed on the same date. The record also revealed that the resident was admitted to the facility with the following diagnoses: , , , , , and Further review of the Resident Health Assessment form revealed that the Physician did not identify on the form whether the resident needed assistance with medication self-administration or needed medication administration. Further review revealed there was no address and phone number on the form of the examining healthcare professional.

During an interview with the Administrator, she could not provide any additional information and agreed with the findings.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966284	05/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Touch Home Care, Inc.	1801 Alcazar Drive Miramar, FL 33023	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview, the facility failed to practice [illegible] control during medication pass for 1 out 2 sample residents (Resident #2).

The Findings include:

During medication pass observation on [illegible] at 10:50 AM Staff A, a licensed practical nurse was observed:

1) Retrieving the medication packages prescribed for Resident #2 locked in a cabinet.

2) Taking the 2014 Medication Observation Record and checking each medication to be given [illegible] 100 mg; [illegible] 325 mg; 125 mg; 1 mg; [illegible] 40 mg and [illegible] mg). And taking from a stack of small plastic containers two small containers which had the resident's name inscribed on their side.

3) Without washing her hands she broke the protective cover of the pills package to release each pill into the palm of her left hand then into the small cup.

4) She approached the resident and informed her that it was time for her medications and told her about the pills.

5) She went back to the kitchen counter and retrieved from the kitchen cabinet a pill crusher she referred to as a "Mortar" and poured all the pills in it. She did not wash the Mortar.

During an interview immediately after, Staff A acknowledged she failed to wash her hands during the process.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966284	**05/06/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tender Touch Home Care, Inc.	**1801 Alcazar Drive Miramar, FL 33023**	

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

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

Based on interview and record review, the facility failed to ensure that 1 out of 2 employees (Employee B) had completed the training within 30 days of employment.

The findings include:

Employee record review on at 1:00 PM, revealed that Employee B (a direct care staff) hired on had not completed the training. During an interview with Employee B on at 11:54 AM, she stated she did not know what Orders meant, and that she would perform on a resident with a order.

During an interview with the Administrator and after her investigation on at 1:30 PM, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Tender Touch Home Care, Inc.
1801 Alcazar Drive
Miramar, FL 33023

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
AHCA.MyFlorida.com

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