STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965996	R **04/16/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TENDER LOVING CARE ALF	**3100 SW 79 AVENUE MIAMI, FL 33155**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on . | 15, 2015 and concluded on , | 16, 2015. Tender Loving Care had the following deficiency at time of the survey:

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record observation, record review, and interview the facility failed to ensure that one out of four (#1) sampled residents met admission criteria. The facility failed to ensure that one of four (#1) sampled residents did not require total assistance with activities of daily living (ADLs). The facility failed to ensure that one of four (#1) sampled resident who was admitted to the facility received care.

Finding included:

Observation on at 11 am revealed that Resident #1 was seating in a wheelchair with the her left foot wrapped with dressing.
Record review on at 11:33 am revealed the health assessment (dated) documented that Resident #1 (admitted to the facility on) required assistance with ADLs except for bathing which required total assistance. Hospital records for Resident #1 found she was admitted on and discharged on . Further record review on revealed that Resident #1 had a doctor's order for care and the order stated she had a on her left foot dated . The facility did not have any other care information prior to .
Interview on at 11:51 am the Administrator stated that Resident #1 returned from the hospital to the facility with a in her left foot.
Interview on at 3:30 pm with Resident's #1 family member stated "Resident #1 had a on her left foot because a Podiatry (family member acquaintance) cleaned Resident's #1 foot inappropriately, and Resident #1 had on her left heel."
Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11965996

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/16/2015

Name of Facility
TENDER LOVING CARE ALF

Street Address, City, State, Zip Code
3100 SW 79 AVENUE
MIAMI, FL 33155

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0084** Reg. # **58A-5.0191(5) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2015

Administrator
Tender Loving Care Alf
3100 Sw 79 Avenue
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Standard Biennial revisit survey conducted on , 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

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