STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966545	07/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Quality Care Of Florida Inc Ii	228 Old Jennings Road Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [illegible] S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced biennial survey was conducted at Quality Care of Florida, Inc. II in Orange Park, Florida on 10, 2013. Licensure deficiencies were identified as a result of the survey.

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

Based on observation and interview, the facility failed to ensure that each resident was free from the use of physical [illegible] for 1 of 4 residents, (#1).

The findings include:

During a tour of the facility, Resident #1 was observed lying in bed with one full side rail in the up position on the right side of the bed. The rail was observed being covered with a blanket.

An interview with the administrator conducted on [illegible] at approximately 12:55 PM confirmed that the resident was using side rails due to a previous [illegible] at another facility. The administrator stated that she would remove the rail.

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on personnel record review and staff interview, the facility failed to ensure that two of four sampled employees (#2, #4) received the required in-service trainings.

The findings include:

1. A review of the employee records revealed Employee #2 was hired [illegible], 2013 as a certified nursing assistant. There was no documentation of training in: elopement response, incident reporting, resident rights, recognizing and reporting [illegible], neglect and [illegible] and nutrition and safe food handling.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966545	**07/10/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Quality Care Of Florida Inc Ii	**228 Old Jennings Road Orange Park, FL 32065**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2. A review of the employee records for Employee #4 revealed that he was employed in of 2012 as a caregiver. There was no evidence of training in: control, nutrition and safe food handling, elopement response, incident reporting, resident rights and recognizing/reporting and neglect and

3. An interview with the facility administrator was conducted on at 12:33 p.m. The facility administrator acknowledged that certificates were not present in the employee files and stated that Employee #2 was in nursing school and Employee #4 was an emergency medical technician (EMT), neither or which made them exempt from the required trainings.

Class III

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

Based on personnel record review and staff interview, the facility failed to provide one of four sampled employees with training (#4) within 30 days of employment.

The findings include:

A review of the personnel records revealed that Employee #4 (hired 2012) as a caregiver, did not have documentation of training in the facility's policy and procedure.

An interview with the facility owner on at 12:52 PM confirmed that there was no certificate to indicate that training was provided to the staff member.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Quality Care of Florida Inc. II
228 Old Jennings Road
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** 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 surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

CB/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054