STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968141	08/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A1 Care Systems	7449 Sandhurst Rd S Jacksonville, FL 32277	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial relicensure survey with Limited Mental Health standards and Limited Nursing Services was conducted at A1 Care Systems in Jacksonville, Florida on 2013. Deficiencies were identified as a result of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and staff interview, the facility failed to provide assistance with self-administration of medications as prescribed for 1 of 3 sampled residents. (Resident #3)

The findings include:

A review of Resident #3's physician's orders revealed that his specified that he receive it three times a day every six hours. The medication was written on the MOR to be administered at 8:00 AM, 2:00 PM and 9:00 PM. The MOR was signed off every day in 2013 at these times. The interval between the 2:00 PM dose and the 9:00 PM dose was 7 hours, not 6 hours.

A further review of Resident #3's MOR revealed that he was receiving at 5:00 PM. This medication was ordered to be given at bedtime.

An interview with the administrator on at approximately 12:15 PM revealed that he was unaware of the errors on Resident #3's MOR. He acknowledged that the MOR didn't coincide with the medication orders, and that the resident was receiving his medications at the wrong times. He said that he would correct the error immediately and review all other residents' MORs and medication orders right away.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to ensure that the medication observation record (MOR) coincided with the medication orders for 1 of 3 sampled residents. (Resident #3)

The findings include:

A review of Resident #3's physician's orders revealed that his Diltiazem specified that he receive it three times a day every six hours. The medication was written on the MOR to be administered at 8:00 AM, 2:00 PM and 9:00 PM. The MOR was signed off every day in 2013 at these times. The interval between the 2:00 PM dose and the 9:00 PM dose was 7 hours, not 6 hours.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968141	08/19/2013
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

A further review of Resident #3's MOR revealed that he was receiving at 5:00 PM. This medication was ordered to be given at bedtime.

An interview with the administrator on at approximately 12:15 PM revealed that he was unaware of the errors on Resident #3's MOR. He acknowledged that the MOR didn't coincide with the medication orders, and that the resident was receiving his medications at the wrong times. He said that he would correct the error immediately and review all other residents' MORs and medication orders right away.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and staff interview, the facility failed to maintain an up-to-date admission and discharge log for 2 of 5 sampled residents. (Residents #3 and #5)

The findings include:

A review of the admission and discharge log on revealed that Resident #3's name was the only information listed, and Resident #5 was not listed on the log at all.

An interview with the administrator at approximately 12:15 PM confirmed that Residents #3 and #5 were not noted on the admission and discharge log aside from Resident #3's name.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
A1 Care Systems
7449 Sandhurst Road South
Jacksonville, FL 32277

Dear Administrator:

This letter reports the findings of a state licensure biennial survey with Limited Mental Health and Limited Nursing Services that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

JV/JS/KW/sm
Enclosure

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