STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966545	10/16/2013
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)

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0090-Training - -5.0191(11) Fac

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

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 - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators 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 - S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial licensure revisit survey was conducted at Quality Care of Florida, Inc II. on , 2013. Deficiencies were identified.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, interview with staff, and resident record review, the facility failed to limit physical to half-bed rails, and to obtain a written physician's order and consent from the resident's representative for 1 of 4 residents (Resident #4).

The findings include:

During a tour of the facility on at 3:15 pm, Resident #4 was observed lying in her bed with one full side rails in the up position on the right side of the bed. The other side of the bed was pushed up against the wall. Resident opened her eyes; however, did not respond to this writer.

A record review for Resident #4 found she had received Hospice services since 2013. The AHCA Form 1823 (Resident Health Assessment) dated revealed diagnoses including , and chronic pain synreome. Further review of the resident's record found a physician's order dated for half-bed rails. No order for the use of the full rails, and no written consent the legal guardian or resident's representative was

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located in the records.

An interview was conducted with the facility manager at 3:35 pm on . . . . She stated the full rails had been provided by hospice, and confirmed the absence of written consent or consent for their use.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observations, staff interview, and facility and resident record reviews, the Administrator failed to sufficiently supervise the operation and maintenance of the facility including management of staff and provision of care to the residents. This is evidenced by Administration's failure to correct deficient practices cited in the biennial relicensure survey conducted by a representative of this office on .

The findings include:

A biennial licensure survey was conducted by a representative of this office on , and deficient practice was identified at A0030, A0081, and A0090.

During the revisit on . . . . at 8:30 am, it was determined corrections had not been made for any of the identified deficiencies. An interview conducted with the facility manager on . . . . at 3:35 pm confirmed the , 2013 findings still had not been corrected.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on a review of personnel records and staff interview, the facility failed to ensure that 2 of 4 sampled employees (Employee #2 and #4) received the required in-service trainings.

The findings include:

A review of the employee file for Employee #2 (hired **as a CNA) found** no evidence of training in control, elopement response, incident reporting, resident rights, recognizing and reporting , neglect and and nutrition and safe food handling.

A review of the employee file for Employee #4 (an Emergency Medical Technician, hired found no evidence of training in control, nutrition and safe food handling, elopement response, incident reporting, resident rights and recognizing/reporting and neglect and .

In an interview with the facility manager on . . . . at 3:35 pm, she confirmed that the missing trainings still had not been provided to either employee.

Class III

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

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Based on employee record review and staff interview, the facility failed to provide training to 1 of 4 sampled employees (Employee #4) within 30 days of employment.

The findings include:

A personnel record review for Employee #4 (hired found missing documentation of training in the facility's policy and procedure.

An interview was conducted with the facility manager on at 3:35 pm. She confirmed that training had not been provided to Employee #4.

Class III

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 revisit survey conducted on , 2013by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2013.

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 (904) 798-4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health QualtiyAssurance

LL/KW/sm
Enclosure

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