STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	12/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Quality Care Of Florida, Inc.	1261 Tumbleweed Drive Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0056-Medication - Labeling And Orders-1;
0084-Training - Assis Self-Admin Meds & Med Mgmt-12
0152-Physical Plant - Safe Living
0160-Records - Facility-1;

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0077-Staffing Standards - Administrators-58a-5.019(1) Fac
N277-Lns - Resident Care Standards-58a-5.031(2) Fac

Revisit New Tags:
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0053-Medication - Administration-58a-5.0185(4) Fac
0057-Medication - Over The Counter (otc) Products-58a-5.0185(8) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced second Limited Nursing Services (LNS) revisit survey was conducted at Quality Care of Florida, Inc. on 2013. Uncorrected deficiencies as well as new deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and interview, the facility failed to ensure that a Health Assessment, as part of the admission criteria and continued residency, was complete and accurate for 1 of 2 sampled residents. (Resident #1)

The findings include:

A review of Resident #1's Health Assessment (AHCA Form 1823) dated and signed by the resident's advanced registered nurse practitioner (ARNP) on revealed that it was incomplete. Page 4, section B was left blank, therefore it was not clear how much assistance with medications Resident #1 required. (photo obtained)

An interview with the administrator on at approximately 2:00 PM confirmed that the Health Assessment dated was incomplete. The administrator stated that she was unaware that the form had not been completed.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview, the facility failed to ensure residents' access to adequate and

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appropriate health care consistent with established and recognized standards within the community for 1 of 1 sampled residents. (Resident #1)

The findings include:

Observation of assistance with self-administration of medication for Resident #1 at 9:31 AM on revealed that ten medications were provided. Besylat, Doc-Q-Lace, D-3, and Benefiber)

Observation of assistance with self-administration of medication for Resident #1 at 10:32 AM on revealed that one medication was provided. eye drops)

A review of Resident #1's Medication observation record (MOR) for 2013 revealed that all medications noted above were scheduled for 8:00 AM. All medications provided to Resident #1 were given more than one hour after the scheduled time of administration, except for the eye drops which were provided more than two hours after they were scheduled.

An interview with the administrator on at approximately 10:50 AM revealed that the medications were to be provided "in the morning" or "twice daily" or "daily". The fact that the medications had been scheduled for a time and therefore had to be administered within one hour before or after that time was explained to the administrator. She acknowledged understanding.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to ensure that unlicensed staff did not provide medications for which the reason for administration required judgement or discretion on their part for 1 of 1 sampled residents. (Resident #1)

The findings include:

Observation of assistance with self-administration of medication on at 9:31 AM for Resident #1 revealed that Employee #5, who was unlicensed, took Resident #1's prior to making a decision about whether to administer Resident #1's medication. Observation of the medication packaging revealed the following: Besylat 2.5 mg tabs - "Take one tablet by mouth daily. Hold if is > 130 MMHG, if is done with a manual cuff and stethoscope" This medication was filled on per the label. (photo of medication packaging obtained)

A review of Resident #1's medication observation record (MOR) for 2013 revealed the following: Besylat 2.5 mg, take one tablet by mouth daily. Hold if is >130 MMHG and is measured by a manual cuff. (Photo of MOR obtained)

An interview with the administrator on at approximately 10:50 AM revealed that she was unaware that the unlicensed staff could not measure a resident's and make a determination regarding whether or not to provide a medication based on the reading.

Class II

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

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review and interview, the facility failed to provide licensed staff for 1 of 1 resident (Resident #4).
The findings include:

An observation was made on at approximately 9:30 AM of an unlicensed staff member, Employee #5, assisting with Resident #1's glucose testing. Employee #5 donned gloves, and gave Resident #1 an wipe to cleanse her finger. Resident #1 cleansed her finger and used the lancet herself. Employee #5 then squeezed Resident #1's finger to obtain for the test strip. Employee #5 applied the test strip to the on Resident #1's finger, inserted the test strip into the glucometer, read the result, told Resident #1 the result, and recorded the result in Resident #1's medication observation record (MOR).

A review of Resident #1's most recent Health Assessment (AHCA Form 1823) dated revealed that nothing was indicated on page 4 regarding how much assistance with medication administration was required by Resident #1. Part B on page 4 of the Health Assessment was left blank. (photo obtained)

A review of Resident #1's 2013 MOR revealed that glucose testing was completed daily.

An interview with the administrator at approximately 10:50 AM on revealed that she was unaware that unlicensed staff were not to assist with glucose testing.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observation, interview and record review, the facility Administrator failed to supervise the operation and maintenance of the facility including management of staff and provision of care to residents. This is evidenced by Administration's failure to correct deficient practices cited in the most recent Limited Nursing Services (LNS) survey, conducted by a representative of this office on , 2013.

The findings include:

A LNS survey was conducted by a representative of this office on , and deficient practice was identified at A0052 and AN277.

During the LNS revisit on at 9:00 AM, it was determined that corrections had not been made. Interviews conducted with the facility administrator between 9:00 AM and 4:00 PM confirmed the findings still had not been corrected.

This was previously cited during the LNS revisit for LNS monitoring visit.

Class III

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and staff interview, the facility failed to contract with a nurse (s) for the provision of services as needed by potential Limited Nursing Services (LNS) residents.

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The findings include:

A review of the facility records revealed that the contract with a registered nurse for provision of LNS services was not signed by a registered nurse.

An interview with the administrator on [redacted] at approximately 2:00 PM confirmed that the contract was still not signed. She stated that she had still not been able to contact the registered nurse to obtain a signature for the contract.

This was previously cited during the [redacted] LNS survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Quality Care of Florida, Inc.
1261 Tumbleweed Drive
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2013 by 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 2014.

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,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JPG/RED/sm
Enclosure