STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	
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)

Revised Copy

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0009 - 58a-5.0181(3) Fac - Admissions - Admission Package S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial re-licensure survey with Limited Nursing Services (LNS) was conducted at Quality Care of Florida, Inc. in Jacksonville, Florida on , 2013. Deficiencies were identified as a result of the survey.

0009-Admissions - Admission Package 58A-5.0181(3) FAC
Based on record review and interview, the facility failed to ensure that a copy of the resident's bill of rights was provided to the resident, responsible party, guardian, or attorney in fact prior to or at the time of admission to the facility as required by Rule 58A-5.0182, F.A.C. This all four residents living in the facility.

The findings include:

A review of the clinical records for Residents #2, and #3, on revealed that there was no copy of the resident's bill of rights available for review.

An interview with the administrator on at 11:20 AM confirmed that this documentation was not in any resident record. The administrator stated that she did not provide a copy of the resident's bill of rights to each resident upon admission, but that she only had the copy which was posted on the wall in the front the facility. During the interview, the administrator provided the surveyor with a pamphlet entitled, "Florida's Long-Term Care Ombudsman Program" and said that this was what she provided to the residents upon admission. Inside of the pamphlet specified that facilities must provide a copy of the resident's rights to residents upon admission to a facility. (photo obtained)

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to properly package resident's medications for a leave of absence from the facility 1 of 1 sampled residents. (Resident #3)

The findings include:

A observation of Employee #1 at approximately 11:50 AM revealed that she was dispensing

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	
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)

medication into two plastic sandwich bags, one of which was marked for 1:00 PM and was labeled , and one of which was marked for 2:00 PM and was labeled and for Resident #3's trip out of the facility that day.

An interview with Employee #1 and the Administrator on at 1:35 PM revealed that neither were aware that placing Resident #3's medication in plastic sandwich bags was not the approved way to store medications for a leave of absence.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview, the facility failed to ensure that medications which had been abandoned or which had expired were disposed of within 30 days of being determined abandoned or expired with the disposition documented in the resident's record for 1 of 4 sampled residents (Resident #3) and one unsampled resident.

The findings include:

Observation of resident medications in the medication closet on at approximately 12:10 PM revealed that , which had been prescribed for Resident #3 and which expired on was still in the facility. Further observation found which had been prescribed for a resident who was discharged on was still in the facility. (photos of medication packages obtained)

A review of the admission and discharge log on revealed that the unsampled resident had been discharged on . (photo obtained)

An interview with the administrator on at approximately 1:35 PM revealed that she was unable to explain why the medication had not been disposed of.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation, interview and record review, the facility failed to ensure that over-the-counter (OTC) products, including those prescribed by a licensed health care provider, must be labeled with the resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use for 2 of 4 sampled residents. (Residents #3, and #4)

The findings include:

Observation of resident medications in the facility medication cart on at approximately 11:45 AM revealed that the OTC medication Benefiber in Resident #4's medication drawer, and the OTC medication Mucus Relief in Resident #3's medication drawer were not labeled with each resident's name.

A review of the 2013 medication observation record (MOR) on revealed that Resident #3 was receiving the OTC Mucus Relief medication and Resident #4 was receiving the OTC Benefiber.

An interview with the administrator on at approximately 1:30 PM confirmed that these medications

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	
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)

were not labeled. The administrator was unable to explain why they were not labeled.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, facility record review and staff interview, the facility failed to adhere to dietary standards by neglecting to provide a menu for the breakfast meal, neglecting to obtain annual review of the facility menu by a registered dietician, and neglecting to ensure and maintain documentation of menu substitutions. In addition, the facility failed to maintain a 3-day supply of non-perishable food and water based on the facility census. This affected all 4 of 4 sampled residents in the facility at the time of survey (Residents #1, #2, #3 and #4).

The findings include:

1. During a tour of the facility on at 8:20 am, menus were observed posted on a bulletin board. They were last dated and signed by the dietician on /. An attached list of approved substitutions for therapeutic menus was last signed by the dietician on . Both were overdue for the required annual dietician's review and signature. The dietician's license number was not noted at any location on the menu. Finally, there were no itemized food items including portion sizes for the breakfast meal on any day. Instead,the menu noted a "top of the morning" breakfast on all 7 days of the week.

An Interview was conducted with the Administrator at 8:30 am on . She acknowledged the Registered Dietician's menu reviews were overdue, and said she needed to meet with him for an update. She explained that a "top of the morning" breakfast meant the residents could have anything they requested. When asked about portion sizes, she stated staff "just knew how much to serve". She acknowledged that portion sizes and specific meal items were required to be on the menus. The Administrator was unable to produce a copy of the Registered Dietician's license, and confirmed there was no license number on the menu.

A telephone interview was conducted with the dietician on at 8:40 am. He acknowledged the menus were required to be reviewed and signed annually, required to include specific breakfast items and portion sizes, and required to include his license number.

The breakfast meal was observed at 9:07 am on . Resident #2 was served, and consumed, a large bowl (approximately two cups) of cooked oatmeal, and a cup of coffee. At 9:15 am on , Resident #4 came to the kitchen table. She was served scrambled eggs and toast with coffee. At 10:00 am this same morning, Residents #1 and #3 came to the table. Each dined on eggs and toast, with coffee. Resident #1 proceeded to also eat a full can of vienna sausages directly from the can.

Observation of the lunch meal at 12:00 pm on found all four residents were served cheese pizza, one cup of vanilla pudding, and a glass of water.

Closer review of the facility menu found the lunch meal for the day of survey called for 3 ounces of roast pork with gravy, 1/2 cup roasted potatoes, 1/2 cup sweet and sour red cabbage, 1 slice of bread with 1 teaspoon margarine, and 1 slice of pound cake with 1/2 cup fruit topping.

An interview was conducted with Employee #1 at 12:15 pm on , she stated she had not documented today's lunch meal substitution and did not document meal substitutions when served. Employee #1 admitted she was not aware of the requirement for noting menu substitutions.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	12/30/2013
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)		

An interview was conducted with the Administrator at 1:15 pm on . She acknowledged the requirement for documenting all meal substitutions before, or at the time of, each meal. She acknowledged the meal items served at lunch did not adequately represent all of the food groups noted on the lunch menu.

2. An inspection of the emergency food supplies found there were no designated sealed or labeled containers holding non-perishable foods. All non-perishables were stored in the kitchen pantry, and included the following fruits and vegetables: 2 26-ounce cans of tomato soup, 1 40-ounce can of yams (7 servings), 2 cans turnip greens (12 servings each) and one can of pineapple (5 servings).There were no packages of powdered or shelf stable milk. In addition, there were only 6 gallons of water on hand which was enough for two residents.

An interview was conducted with the Administrator on at 1:15 pm. She acknowledge there were insufficient supplies of non-perishable fruits, vegetables, milk, and water in the event of emergency.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on a review of employee records, and interview with the Administrator, the facility failed to obtain Level 2 background clearance for 2 of 3 sampled employees (Employees #1 and #2) prior to the provision of care to the residents in the facility.

The findings include:

A review of Employee #1's personnel file found she was hired on as a caregiver. The Level 2 background clearance results for this employee were not obtained until **10/18/13; 17 days after hire.**

A review of the work schedule for 2013 found she had worked alone in the facility with the residents on , 2, 3, 4, 7, 8, 9, 10, 11, 14, 15, 16, and 17.

A review of Employee #2's personnel file found she was hired on as a Certified Nursing Assistant. The level 2 background clearance results for this employee were not received until **10/24/12; two months after hire.**

An interview was conducted with the Administrator at 12:34 pm on . She stated Employee #1 had a background screening from her school upon hire, but she was told it was not the correct clearance. The Administrator sent Employee #1 in for another screening on , 2013. She stated Employee #2 was hired in 2012, but was in school and did not start working right away. She did not know when she began working with the residents, and did not maintain work schedules from 2012. The Administrator stated she would check her computer's files to determine when Employee #1 was first paid, and fax the information to the Field Office. The information was never received.

Unclassified

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

"Revised Copy"

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

Dear Administrator:

This letter reports the findings of a state biennial licensure survey 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 **, 2014** 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 -4201.

Sincerely,

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

LL/RED/sm
Enclosure