

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965449	(X3) DATE SURVEY COMPLETED 01/09/2015
NAME OF PROVIDER OR SUPPLIER Quality Care Of Florida, Inc.	STREET ADDRESS, CITY, STATE, ZIP CODE 1261 Tumbleweed Drive Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0009-Admissions - Admission Package-01/09/2015
0052-Medication - Assistance With Self-Admin-01/09/2015
0055-Medication - Storage And Disposal-01/09/2015
0057-Medication - Over The Counter (otc) Products-01/09/2015
Z815-Background Screening; Prohibited Offenses-

Revisit Repeat Tags:

0000-Initial Comments-
0093-Food Service - Dietary Standards-58a-5.020(2) Fac

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on 01/09/2015. Quality Care of Florida, Inc. had deficiencies found at the time of the survey.

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on interview and record review the facility failed to offer and follow the menu for 1 of 6 residents (Resident #2), and failed to acquire the services of either a registered dietician, a licensed nutritionist or a registered dietetic technician.

The findings include:

On at 9:56 AM an interview with Resident #2. He stated he ate a small breakfast. He said it was cereal. He said he was not offered egg, biscuits or sausage gravy, and said, "Mmm, that sounds good". He said he wasn't offered anything but cereal. He stated his breakfast was small and he could eat more.

Review of the menu dated The breakfast listed juice of choice, choice of ... cereal or hot cereal, egg, biscuit with sausage gravy, milk, coffee or hot tea.

On at 10:00 AM an interview with Employee E revealed she does not read the daily breakfast menu to the residents. She said she does not offer what is on the breakfast menu. She stated she gave Resident #2 cereal and a cup of tea for breakfast.

On at 10:04 AM an interview with the Administrator revealed she was unaware Resident #2 was still hungry and after the breakfast menu was read to him he stated, "Mmm, that sounds good". The administrator said she will ask him if he is still hungry. The administrator returned and stated Resident #2 said yes, he was hungry and said he would like to have a ham, egg and cheese sandwich.

Record review of the menus were signed by a Certified Dietary Manager/ Certified Food Protection Professional and was dated

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

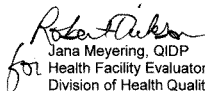
This letter reports the findings of a revisit survey conducted on _____ 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than _____ 2015.

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,


Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

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