State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965449	A. Building B. Wing	3/30/2015

Name of Facility	Street Address, City, State, Zip Code
QUALITY CARE OF FLORIDA, INC.	1261 TUMBLEWEED DRIVE ORANGE PARK, FL 32065

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	Correction Completed 03/30/2015	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By tate Agency	Reviewed By	Date:	Signature of Surveyor: [signature]	Date: 4/1/15
viewed By S RO	Reviewed By	Date:	Signature of Surveyor:	Date:

wup to Survey Completed on: 12/30/2013

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 1, 2015

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

Dear Administrator:

This letter reports the findings of state licensure survey revisit conducted on March 30, 2015 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965113	**03/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALMOST HOME BEACHES	**100 WEST FIRST STREET ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

A biennial licensure survey was conducted at Almost Home Beaches on March 27, 015. Deficiencies were identified.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on document review and staff interview, the facility failed to provide evidence of a statement from a health care provider showing no signs of a communicable disease for 1 of 3 employee files reviewed (Employee B). In addition 3 of 3 staff did not have evidence of freedom from TB (tuberculosis) documented annually (Employees A, B, C).

The findings include:

1) The file of Staff B with a hire date of 4/13/2013 did not contain a statement from a health care provider indicating freedom from communicable disease.

2) During an interview with the Administrator on 3/27/2015 at 10:45 AM she stated Employee B did not have a statement indicating freedom from communicable disease.

3) During a review of the file for Employee A, with a hire date of 8/1/2006, it was found her most recent TB test was on 4/10/2013 with an expiration of 4/10/2014. Freedom from tuberculosis must be documented on an annual basis.

4) During a review of the employee file for Employee B, with a hire date of 4/13/2013 it was found her most recent TB test was on 2/25/2014 with an expiration of 2/25/2015.

5) During a review of the employee file for Employee C, with a hire date of 11/19/2013 it was found her most recent TB test was on 1/30/2014 with an expiration of 1/30/2015.

6) During an interview with the Administrator on 3/27/2015 at 10:55 AM she stated that the annual TB tests for Employees A, B, and C were outdated.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on employee file review and staff interview, the facility failed to ensure that 2 of 3 employees who assist residents with self-administration of medications received the required updates for medication assistance training. (Employees B & C)

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11965113	**03/27/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ALMOST HOME BEACHES	**100 WEST FIRST STREET ATLANTIC BEACH, FL 32233**	

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

0084 Continued From page 1

1) A review of the file shows that Employee B hired on 4/19/2013 originally obtained the 4 hour Medication Aide Training on 12/10/2012 and had the annual 2 hour update training on 2/17/2014 with an expiration of 2/17/2015. Medication Aides must complete 2 hours of update training annually.

2) Employee C, with a hire date of 11/19/2013, obtained the four 4 initial training on 2/17/2014 and has not had any of the 2 hour annual update trainings.

3) During an interview with the Administrator on 3/27/2015 at 1:40 PM she agreed that Employees B and C were not up to date with annual 2 hour training for Medication Assistance. She confirmed that both Employee B & Employee C assisted with self-administration of medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 2, 2015

Administrator
Almost Home Beaches
100 West First Street
Atlantic Beach, FL 32233

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on March 27, 2015 by a representative 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 **05/02/2015** 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 surveyor. Should you have any questions please call this office at 904/798-4201.

Sincerely,

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

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