STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	01/14/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , 2016 a biennial relicensure survey was conducted at Quality Care Assisted Living . Deficient practice was identified during the survey.

0054 Medication - Records

Based on record review and interview with the administrator, the facility failed to ensure the Medication Observation Record (MOR) included the directions for use of each medication for 1 of 6 sampled residents. (Resident #5)

The findings include:

An observation of assistance with self- administration of medication was conducted on / at 1:10 pm for Resident #5. The observation revealed Employee A instilled 1 drop of eye drops into each eye of Resident #5.

A record review on / of Resident #5's Medication Observation Record recorded drops three times a day in both eyes. It did not record how many drops in each eye.

An interview on / at 1:35 pm with the Administrator regarding Resident #5 eye drops, she confirmed that the amount of drops was not on the MOR.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure centrally located medication was stored in a safe locked location, which could potentially affect 5 of 6 clients (Resident #1,#2, #3, #4, #6) who could open and access the medication cart. The facility also failed to ensure discontinued medication was properly labeled and removed from centrally stored medication still in use for 1 of 6 sampled residents. (Resident #1)

The findings include:

1. On / at 9:00 am an observation of the medication cart located in the back the dining the cart was unlocked and unattended with the keys on the med cart. During the

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observation, Employee A said he wasn't using the cart now, he said he gave medication this morning. He stated that the medication cart should not be unlocked.

On / at 10:52 am an interview with the Administrator confirmed the medication cart was to be kept locked unless they are using it. She said Employee A told her he left it unlocked.

2. On / an observation of Resident #1 medication Biscodyl with a medication label dated / in the medication cart with all of his current medications. The label recorded use daily every morning for 3 days. The expiration of the medication was dated /. Another observation of Resident #1 medication Buprop (for) 150 milligrams (mg) had an expiration date of .

A record review on / of Resident #1 Medication Observation Record (MOR) revealed 150 mg, take 2 tablets every morning.

A record review on / of a communication book with the facility physician assistant (PA) recorded on / the PA was notified that Resident #1 had 5 medications that were expired or about to expire, which included the Buprop.

On / at 12:20 pm an interview with the Administrator and Employee A confirmed the medications were expired. They stated they each called the PA this morning and the PA said he will come to the facility with a new label. (Photographic Evidence)

Class III

0056 Medication - Labeling and Orders

Based on observation and interview, the facility failed to ensure medication labels matched the Medication Observation Record (MOR) for 1 of 6 sampled residents. (Resident #1)

The findings include:

On / an observation of the medication cart revealed Resident #1's medication had a label that recorded , 50 milligrams (mg), take 1 twice a day. The MOR recorded 50 mg, ½ tablet at night. An observation of Resident #1 revealed a label for 100 mg, take 1 or 2 tablets four times a day as needed for pain. The MOR recorded 100 mg, 2 capsules at bedtime.

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SUMMARY STATEMENT OF DEFICIENCIES
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On 1/ at 12:20 pm an interview with the Administrator and Employee A confirmed Resident #1 medications and had labels that did not match the MOR. They stated they each called the PA this morning and the PA said he will come to the facility with a new label. (Photographic Evidence)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016. Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 -4201.

Sincerely,

Jana Meyering

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

MB/JM/sm
Enclosure
XG90

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