STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	04/11/2016
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

An unannounced complaint survey, CCR# 201600290, was conducted at Quality Care of Florida, Inc., in Orange Park, Florida on , , 2016. Deficient practice was identified as a result of the survey.

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to ensure that staff submitted a statement from a health care provider within 30 days of employment documenting that they did not have any signs or symptoms of a communicable including ( ) for one (1) of five (5) sampled employees. (Employee D) The facility also failed to ensure that documentation was maintained annually that confirmed all employees were free from for one (1) of five (5) sampled employees (Employee E).

The findings include:

A review of Employee D's personnel file on / revealed that Employee D had no hire date noted. Her application was signed on / , and she was listed on the employee work schedule for the following dates: 4/3, 4, 7, 8, 11, 12, 13, 14, and as working alone on the 3:00 p.m. through 11:00 p.m. shift. There was no documentation from Employee D's health care provider that Employee D was free from communicable .

A review of Employee E's personnel file on / revealed that she was hired on and terminated on , however, she was listed on the employee work schedule for the following days: 4/9 (3:00 p.m. - 11:00 p.m.), 10 (6:00 p.m. - 11:00 p.m.), 12 (7:00 a.m. - 3:00 p.m.), 15 (3:00 p.m. - 11:00 p.m.), and (6:00 p.m. - 11:00 p.m.) as working alone. Her most recent documentation of screening was dated . (Copy of 2016 employee work schedule obtained)

During an interview with the Owner/Administrator on / at 2:27 p.m. regarding Employee D, she stated, "I'm just trying her out. She comes in here and sits with me and does some training. I am watching the residents' reaction to her. She does some little activities with them."

During an interview with the Owner/Administrator on / at 2:50 p.m. regarding Employee E, she stated, "She is just a volunteer coming to the facility with her dog to visit on from 3:00 p.m. - 11:00

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p.m., and on from 6:00 p.m. - 11:00 p.m." At 3:05 p.m. the Owner/Administrator stated, "She's not working here, but her file should be current."

Class III

0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to maintain appropriate documentation of the completion of required staff education for two (2) of five (5) sampled employees (Employees A and D).

The findings include:

A review of the employee personnel files on / revealed that there was no current documentation of completion of training related to emergency preparedness and evacuation for Employee A, who was hired on /_ _ _.

A review of the employee personnel files on / revealed that there was no current documentation of completion of training related to control, activities of daily living (ADLs) and behavioral needs, incident reporting, or recognizing and reporting , neglect and for Employee D, who had no date of hire, but signed her application on / and was listed on the 2016 employee work schedule for the following dates: 4/3, 4, 7, 8, 11, 12, 13, 14, and as working alone on the 3:00 p.m. through 11:00 p.m. shift.

During an interview with the Owner/Administrator on / at 1:39 p.m. regarding Employee A, she stated, "I know she has it." She looked then stated, "I can't find it."

During an interview with the Owner/Administrator on / at 2:27 p.m. regarding Employee D, she stated, "I'm just trying her out. She comes in here and sits with me and does some training. I am watching the residents' reaction to her. She does some little activities with them."

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Class III

0083 Training - First Aid and

Based on record review and staff interview, the facility failed to ensure that a staff member who had completed courses in First Aid and ( ) and held a currently valid card documenting completion of such courses was in the facility at all times for four (4) of five (5) sampled employees (Employees A, C, D and E)

The findings include:

A / review of the facility's 2016 employee work schedule revealed that Employees A, C, D and E were all scheduled to work alone on various shifts from / through . The schedule was incomplete for the remainder of the month of , . (Photographic evidence obtained)

A / review of the employee personnel files revealed that Employee A was hired on / , Employee C was hired on , Employee D had no date of hire, but was on the , 2016 work schedule, and Employee E was hired on , then terminated on , but was on the , 2016 work schedule. Employee A had no documentation of completion of First Aid or training. Employees C and D had no documentation of First Aid training, and Employee E's First Aid and training expired in 2016.

During an interview with the Owner/Administrator on / at 1:39 p.m. regarding Employee A, she stated, "I know she has it." She looked then stated, "I can't find it."

During an interview with the Owner/Administrator on / at 3:15 p.m. regarding Employee C, she stated that she was unaware that the appropriate training documentation was not in Employee C's personnel file.

During an interview with the Owner/Administrator on / at 2:27 p.m. regarding Employee D, she stated, "I'm just trying her out. She comes in here and sits with me and does some training. I am watching the residents' reaction to her. She does some little activities with them."

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During an interview with the Owner/Administrator on / at 2:50 p.m. regarding Employee E, she stated, "She is just a volunteer coming to the facility with her dog to visit on from 3:00 p.m. - 11:00 p.m., and on from 6:00 p.m. - 11:00 p.m." At 3:05 p.m. the Owner/Administrator stated, "She's not working here, but her file should be current."

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and staff interview, the facility failed to ensure that employees who assisted with medication administration completed a minimum of 2 hours of annual continuing education related to assistance with self-administered medications and safe medication practices in an assisted living facility for one (1) of five (5) sampled employees (Employee C).

The findings include:

An interview with Employee C on / at approximately 11:30 a.m. confirmed that he assisted residents in the facility with self-administration of medication.

A review of Employee C personnel file on / revealed that the most recent medication training received was dated / (2 hours), indicating that Employee C should have received 2 hours of annual update training by / . Employee C was hired on and was listed on the , 2016 employee work schedule as working alone on the following dates: 4/4, 6, 7, 11, 13 and .

During an interview with the Owner/Administrator on / at 3:15 p.m., she could not explain the reason Employee C training was not current.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016000290

Dear Administrator:

This letter reports the findings of a state licensure complaint 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,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

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