STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965449	**05/23/2019**
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

A complaint investigation (Complaint 2019006185) in conjunction with an emergency power plan monitoring survey was conducted at Quality Care of Florida, Inc. on , , . Deficiences were identified at the time of the survey.

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to provide documentation the facility's emergency management plan was submitted to the local emergency management agency within 30 days of receiving notification that the plan must be revised.

The findings include:

Record review of a letter from Clay County Emergency Management Coordinator on to Administrator revealed the the facility CEMP was reviewed and facility was requested to provide additional information and therefore was not approved. There were no records or evidence provided that proofed the facility submitted a revised CEMP plan within 30 days of receiving notification that the plan had to be revised.

During an interview with the Administrator on at 12:01 PM, she acknowledged she received a letter from Clay County Emergency Management Coordinator on . When asked when she resubmitted the CEMP to Clay County Emergency Management, she replied, "a couple of months ago, I sent it in the mail.."

Photographic evidence obtained

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to ensure their emergency power plan be reviewed and approved and failed to notified each resident/resident representative in writing of implementation of the emergency power plan in the assisted living facility for the residents that reside at the facility.

The finding include:

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

An observation was made on . . . . . of the facility's portable generator and fuel storage. Documentation produced showed an electrical contractor verified on that the facility's generator was onsite and operational.

Record review of facility Emergency Power Plan (EPP) on . . . . . revealed the facility had no current approved EEP plan and the residents and facility records had no evidence the facility notified each resident/resident representative in writing the implementation of emergency power plan.

Record review of a letter from Clay County Emergency Management Coordinator sent to Administrator revealed the the facility EPP was reviewed but needed additional information and therefore was not approved.

During an interview with the Administrator on . . . . . at 9:30 AM, she stated the facility did not have an approved Emergency Power Plan (EPP), but resubmitted the EPP to Clay County Emergency Management Coordinator via email on . . . . . She also confirmed that she did not notify any residents/resident representatives in writing as required.

During a phone interview with Clay County Emergency Management Coordinator on at 11:21 AM, she stated the facility had their emergency power plan denied and did not have an approved plan.

Photographic Evidence Obtained

Class III