Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966321	A. BUILDING: _____ B. WING _____	R 10/30/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	6333 LANGSTON AVENUE NEW PORT RICHEY, FL 34652

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A fourth revisit to Complaint Investigation (Complaint Number: 2019002873) was conducted at American Wellcare Assisted Living Facility on . . . . . . Deficiencies were identified at the time of survey.	{A 000}		
{A 079} SS=D	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left	{A 079}		

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{A 079}	Continued From page 1	{A 079}		

solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making

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{A 079}	Continued From page 2 decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter	{A 079}		

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{A 079}	Continued From page 3 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 58A-5.029, 58A-5.030 or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide sufficient staff to meet the needs of the twenty-four residents that resided at the facility and failed to increase staff as mandated by the Agency. Findings Included: During an observation of the medication pass	{A 079}		

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{A 079}	Continued From page 4	{A 079}		

with Staff D for Residents #2, #6, #17, and #21, conducted on from 12:00pm through 12:15pm, Staff D did not compare a medication to Resident #2's Medication Observation Records or read the label out loud to the resident. Staff D did not offer Resident #6 a prescribed medication that was scheduled and due. Staff D did not follow standard control standards with Residents #2, #6, #17, or #21.

Record reviews for Residents #1, #2, #8, #12, #16, #17, and #21, conducted on , revealed that the resident required health assessment forms did not contain all required data, which included but not limited to and behavioral status, and data, whether the needs could be met in an assisted living facility, assistance required for activities of daily living and medication administration, the Examiner's name, license number, address, telephone number, signature, and the date of the examination. Resident #1 who was identified as a Limited Mental Health resident did not have a Community Support Plan, Optional State Supplement Form, or a Agreement as required in the resident's record.

A review of Resident #6, #13, #16, #17, and #21's Medication Observation Records, conducted on , revealed that the residents had medications not documented as given to the residents, inaccurate documentation of medications, and the Medication Observation Records did not include the residents' Health Care Provider's name and telephone number as required. A medication cart audit, conducted on , revealed that the Facility did not dispose of expired medications within thirty days as required for Resident #6. Resident #6, #13, #17, and #21 Medication Observation Records

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{A 079}	Continued From page 5 and review of their meds revealed that they were not receiving medications as prescribed by their Health Care Provider. A review of Facility records, conducted on at 09:30am, revealed that the Facility not to have staff present with access to Facility records and make the records readily available for review. The Facility did not have a grievance procedure for responding to resident complaints in place. The Facility did not have all sanitation (food and group care) inspection reports and fire safety inspection reports available for the past two years. The Facility was unable to provide the sanitation group care inspection report. The Facility had an unsatisfactory fire inspection report on . A review of accounting records, conducted on , revealed that the Facility did not provide an easy and accurate accountability of funds received and dispersed for residents who receive Optional State Supplement. A review of employee records for the Administrator, Staff B and C, conducted on , revealed that the employees' records were did not have all required documents. The Administrator, Staff B and C did not have a stated from a Health Care Provider that they were free from communicable , which included . Staff B did not have the required three-hours of Activities of Daily Living and Behavioral Needs Training. The Facility did not maintain that there was at least one staff person present on each shift with a current and valid certification card in , ( ) and First Aid Training. A review of the weekly staffing schedule,	{A 079}		

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{A 079}	Continued From page 6 conducted on . . . . . , the weekly direct-care staffing hours totaled 230-direct care staffing hours for the week of . . . . . through . . . . . , which was less than the minimum of 253-direct care staff hours for a census of twenty-one residents. During an interview with the Administrator, conducted on . . . . . at 05:23pm, the Administrator stated "yes, we need more hours" and "I have an add on [a job website]". Due to failing to meet the needs of resident admitted into the Facility and terms of resident's contracts, the Facility must immediately increase and provide a staffing level greater than the minimum required staffing levels. Class III	{A 079}		