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 _____	02/28/2020

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 Complaint Investigation (Complaint Numbers 2020000274 and 2020001741), a Revisit to 01/03/2020 Biennial Survey with Limited Mental Health, a second Revisit to 10/30/2019 Complaint Investigation (Complaint Number 2019013833), and a Complaint Investigation (Complaint Numbers 2020000274 and 2020001741) were conducted at American Well Care on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . or . . . , . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises,	A 025		

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A 025	Continued From page 1 and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the Facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility and failed to maintain an awareness of residents' safety and emotional well-being for four Residents (#1, #2, #10, and #12) of four sampled residents. Finding Included: A review of the House Rules, conducted on , revealed that residents of the opposite . . were not to be in each other's apartments or have . contact unless the residents were married. A record review for Residents #1 and #2, conducted on ., revealed that both	A 025		

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A 025	Continued From page 2 residents had Mental Health diagnoses. Resident #1 had , with , features and Resident #2 had (, Type). A review of the Adverse Incident Report for Residents #1, and #2, conducted on , revealed that Resident #1 and #2 were engaging in consensual at the facility in various places on various dates and times that was known to staff. Resident #1 was sent to the hospital on and made allegations that Resident #2 had raped her. During observations conducted throughout the survey on , it was not observed that Staff A or Staff B made any attempts of checking on residents behind closed doors. At 02:25pm, Residents #10 and #12 were in Resident #12's room with the door closed and sitting on the bed. The area was observed until 03:15pm and there were no staff that checked on the residents. A review of direct care staffing hours, conducted on , revealed that the facility did not provide for the minimum required direct care staffing hours for the week of through (195-direct care staffing hours provision) and for the week of through (229-direct care staffing hours provision). The minimum required was for 253-direct care staffing hours for a census of twenty-one and twenty in-house residents. During an interview with the Administrator, conducted on at 03:15pm, the Administrator stated that the House Rules were that males and females were not allowed to be behind closed door.	A 025		

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A 025	Continued From page 3 Class III	A 025		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of	A 030		

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A 030	Continued From page 4 its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the	A 030		

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A 030	Continued From page 5 resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's	A 030		

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A 030	Continued From page 6 representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an	A 030		

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A 030	Continued From page 7 individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder	A 030		

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A 030	Continued From page 8 . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to honor resident rights by failing to provide a clean and decent, homelike environment and failed to allow residents in common areas after 11:30pm on weekdays and 12:00am on weekends. Findings Included: During an interview with Resident #5, conducted on . . . . . at 09:10am, Resident #5 stated that Staff D yelled at the resident for going outside after curfew to smoke a cigarette. Resident #5 stated that residents are not allowed	A 030		

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A 030	Continued From page 9 to come out of their rooms after 11:30pm on weekdays and 12:00am on weekends. Resident #5 stated that when Staff D yelled at her it was 06:30am. During an interview with Staff B, conducted on [redacted] at 10:04am, Staff B stated that residents like to clean for themselves and that the facility had no set housekeeping cleaning schedule and that all staff pitch in and clean. Staff B stated that resident rooms were cleaned daily and bathrooms were cleaned up to four time every day or more. During an interview with Staff A, conducted on [redacted] at 10:11am, Staff A stated that all staff chip in and clean and that some residents liked to do that themselves and some were not capable but that all staff help. Staff A stated that the facility did not have a cleaning schedule and that the staff "try to do that on the weekends". At 02:45pm, Staff A stated that the facility did not have a cleaning schedule. During an observation, conducted on [redacted] at 12:30pm, the bathroom shower by the laundry room was filthy (Photographic Evidence Obtained) and all bathrooms were accessible through the common areas. At 10:00am, room nine was found excessively cluttered. At 10:09am, [redacted] was found excessively cluttered. At 02:25pm, resident rooms one, two, and six were found cluttered with bags of clothing and residents' belongings all over the floors. During an interview with Resident #15, conducted on [redacted] at 02:30pm, Resident #15 stated that the facility was violating resident rights by locking all the doors at night and not allowing residents in the common areas, even to go to the	A 030		

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A 030	Continued From page 10 bathroom. Resident #15 stated that Resident #10 tried to go to the bathroom in the middle of the night and the night shift staff wouldn't let her go and Resident #10 had an episode. A review of the staffing schedule for the week of through , conducted on , revealed that the Facility provided for 229-direct care staffing hours and did not provide the minimum required of 253-direct care staff hours. The schedule did not include a housekeeper or housekeeping hours. A review of the House Rules, conducted on , revealed that the staff were to sweep and mop resident rooms and do health inspection checks once a week on their designated cleaning day. The House Rules stated that at 11:30pm (weekdays) and midnights on weekends, "all main areas of the community will be closed down due to cleaning and sanitizing for the next day". During an interview with Resident #10, conducted on at 05:00pm, Resident #10 stated that the staff that prevented her from going to the bathroom, "finally let me go". During an interview with the Administrator, at 04:45pm, the Administrator was unable to provide the requested cleaning schedule and stated that they (referring to staff) clean at night. The Administrator stated that the staff were not to prevent residents from going to the bathroom and that one door should be left open for the residents who smoke. Class III	A 030		

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A 079	Continued From page 11	A 079		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels	A 079		

(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
6-15	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 59A-36.015(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 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

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A 079	Continued From page 12 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 59A-36.011(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 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	A 079		

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A 079	Continued From page 13	A 079		

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 59A-36.007, 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 59A-36.007, 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 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

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	AL11966321	A. BUILDING: _____ B. WING _____	02/28/2020

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 079	Continued From page 14 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 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain the minimum staffing hours required for twenty in-house Limited Mental Health residents. Findings Included: A review of the weekly staffing schedule for the week of through and through , conducted on , revealed greater than the minimum	A 079		

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A 079	Continued From page 15 direct care staffing hours for both weeks reviewed. A review of direct care staffing timecards for the week of [redacted] through [redacted], conducted on [redacted], revealed that the Facility provided 195-direct care staffing hours for a census of twenty-one in-house residents that week. The minimum required was 253-direct care staffing hours. A review of direct care staffing timecards for the week of [redacted] through [redacted], conducted on [redacted], revealed that the Facility provided 229-direct care staffing hours for a census of twenty in-house residents that week. The minimum required was 253-direct care staffing hours. During an interview with the Administrator, conducted on [redacted] at 05:30pm, the Administrator agreed that the staffing schedule did not provide the minimum staffing requirement and that he used part of his forty-five hours per week to cover the difference. The Administrator agreed that most of his staffing hours were related to Administrative, Maintenance, and other duties but not direct care. Class III	A 079		
A 125 SS=D	429.27(2) FS; 559A-36.013(3) FAC Fiscal - Surety Bonds 429.27 (2) A facility, or an owner, administrator, employee, or representative thereof, may not act as the guardian, trustee, or conservator for any resident of the assisted living facility or any of	A 125		

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A 125	Continued From page 16	A 125		

such resident's property. An owner, administrator, or staff member, or representative thereof, may not act as a competent resident's payee for social security, veteran's, or railroad benefits without the consent of the resident. Any facility whose owner, administrator, or staff, or representative thereof, serves as representative payee for any resident of the facility shall file a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents, or expendable for their account, which are received by a facility. Any facility whose owner, administrator, or staff, or a representative thereof, is granted power of attorney for any resident of the facility shall file a surety bond with the agency for each resident for whom such power of attorney is granted. The surety bond shall be in an amount equal to twice the average monthly income of the resident, plus the value of any resident's property under the control of the attorney in fact. The bond shall be executed by the facility as principal and a licensed surety company. The bond shall be conditioned upon the faithful compliance of the facility with this section and shall run to the agency for the benefit of any resident who suffers a financial loss as a result of the misuse or misappropriation by a facility of funds held pursuant to this subsection. Any surety company that cancels or does not renew the bond of any licensee shall notify the agency in writing not less than 30 days in advance of such action, giving the reason for the cancellation or nonrenewal. Any facility owner, administrator, or staff, or representative thereof, who is granted power of attorney for any resident of the facility shall, on a monthly basis, be required to provide the resident a written statement of any transaction made on behalf of the resident pursuant to this subsection, and a

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A 125	Continued From page 17 copy of such statement given to the resident shall be retained in each resident's file and available for agency inspection. 59A-36.013 (3) SURETY BONDS. Pursuant to the requirements of section 429.27(2), F.S.: (a) For entities that own more than one facility in the state, one surety bond may be purchased to cover the needs of all residents served by the entities. (b) The following additional bonding requirements apply to facilities serving residents receiving : 1. If serving as representative payee for a resident receiving , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security , income plus the payments, including the personal needs allowance. 2. If holding a power of attorney for a resident receiving , the minimum bond proceeds must equal twice the value of the resident's monthly aggregate income, which must include any supplemental security income or social security , income; the payments, including the personal allowance; plus the value of any property belonging to a resident held at the facility. (c) Upon the annual issuance of a new bond or continuation bond, the facility must file a copy of the bond with the Agency Central Office. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a Surety Bond in the amount equal to twice the average monthly aggregate	A 125		

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A 125	Continued From page 18 income or personal funds due to residents or expendable for their account, which are received by a facility for seven Residents (#5, #7, #8, #10, #11, #17, and #18) of seven sampled resident in which the facility acts as a representative payee. Findings Included: A financial review of the facility, conducted on , revealed that the facility had a Surety Bond in the amount of $5, 000.000. A review of income for Residents #5, #7, #8, #10, #11, #17, and #18, conducted on , revealed that the total monthly income of Residents #5, #7, #8, #10, #11, #17, and #18 was $5, 606.00, which included Residents #7 and #10's Optional State Supplement income. The amount that the Facility should have in Surety Bonds was $11, 212.00. During an interview with the Administrator, conducted on . . . . . at 03:30pm, the Administrator was unfamiliar with Surety Bonds and stated that the Owner takes care of putting the Surety Bond in place. After explanation, the Administrator identified that the Facility acts as a representative payee for Residents #5, #7, #8, #10, #11, #17, and #18. After review of the Residents #5, #7, #8, #10, #11, #17, and #18 total income, the Administrator agreed that the Surety Bond that was in place for $5, 000.00 did not meet the regulation. Class III	A 125		