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
	AL11966942	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSWOOD CARE CENTER	907 CLANTON AVENUE TAMPA, FL 33603

(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 Assisted Living Facility Amended A change of ownership (CHOW) state licensure survey was conducted on / /. The Wellswood Care Center assisted living facility had deficiencies found at the time of the visit. Tag A 0080 was administratively deleted on	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of	A 026		

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A 026	Continued From page 1	A 026		

scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests for 3 (#3, #4, #5) out of 6 residents.

Findings include:

On / ,between 12:15p.m. and 12:45p.m., interviews were conducted with the residents in regards to activities. Residents, #3, #4 and #5 all stated that there are not enough activities offered that keeps with their needs, abilities and interests. Resident #3 stated all they do is play solitaire. She would like to see more outdoor or group activities offered. Resident #4 stated she to is bored with playing solitaire and would like to se more board games offered. Resident #5 stated he would like to go out for walks.

A review of the activities calendar revealed that he facility did offer the required 12 hours of activities 6 days a week. The calendar

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	AL11966942	A. BUILDING: _____ B. WING _____	10/01/2012

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A 026	Continued From page 2 had the following activities scheduled - Monday through Wednesday and on Fridays 9-10 sittersize, 2-3 reminisce, Thursday 9-10 sittersize, shopping, 2-4 social hour, Saturday 9-10 sittersize, 2-4 bingo, 7:00 - movie night and Sundays worship hour. At 1:30 p.m. an interview was conducted with the owners regarding the activities offered. The owner stated that on a house meeting was held and residents informed him that they wanted different activities offered. He stated he changed the calendar to include bingo and movie night. He also stated he will talk with each resident and redo the calendar to include more activities that appeal to the residents. Class III Pattern	A 026		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents	A 081		

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A 081	Continued From page 3 must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and [illegible]. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response	A 081		

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A 081	Continued From page 4 policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide proof that staff #C, date of hire ', has completed 1 hour of inservice training on resident rights and 3 hours of in service training regarding assistance with daily living activities(ADLs) within 30 days of employment. Findings include: On ', a record review was conducted on Staff C's training file. There was no documentation that the facility has provided training to her within 30 days of employment on resident rights and ADLs. At 10:15am an interview was conducted with the owner. He was not able to locate documentation that the staff had the required training. He stated that he would continue to look for it. He also stated if he was not able to find it he would retrain staff on residents' right and ADLs. Class III	A 081		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wellswood Care Center
907 Clanton Avenue
Tampa, FL 33603

Dear Administrator:

Re: **Amended Report**

This letter reports the findings of a change of ownership (CHOW) state licensure survey that was conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) 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. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **Please note Tag A 0080 was administratively deleted on** .

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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