STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966942	05/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wellswood Care Center	907 Clanton Avenue Tampa, FL 33603	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

The Wellswood Care Center, assisted living facility, had deficiencies at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based upon record review & interview, one (B) of 3 personnel records did not contain documentation of freedom from signs & symptoms of communicable .

Findings include:

A review of the personnel records for staff B hired on revealed although there was documentation of negative testing there was not a statement on file from the health care provider of being free from signs & symptoms of communicable .

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based upon record review & staff interview 1 (C) of 3 staff did not have documentation of 1st aid certification on file.

Findings include:

A review of the personnel record for staff C who works the evening shift alone (9pm-7am) revealed only a certification on file. When asked if the staff received 1st Aid certification as well the administrator said (3pm) he had thought she did but could not find documented evidence.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based upon record review, 1 (C) of 2 staff responsible for assisting residents with self-administered medications did not have documentation of completing the initial 4 hour training required F.S.

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Findings include:

A review of the personnel record for staff C who assists residents with medications revealed that only proof of having attended a 2 hour medication training on file, while the requirements are for staff to take an initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

According to the administrator during interview at about 3p.m., he will make sure this staff attends a 4 hour medication training if she has not previously done so.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Wellswood Care Center
907 Clanton Avenue
Tampa, FL 33603

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, by representative(s) 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. 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.

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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FDR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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