STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	11/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
American Well Care	6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced Complaint survey, CCR#2014009303 & 2014010885, was conducted on , in conjunction with an unannounced Revisit to 9/18/14 Complaint CCR# 2014008774.

The American Well Care, assisted living facility, had a deficiency at the time of this visit.

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

Based on observation, record review, and interview, the facility failed to ensure that 2 of 6 staff who provide residents assistance with self-administration of medications have successfully completed annual 2-hour updates on providing assistance with self-administration of medications and safe medication practices in an assisted living facility. Providing assistance with self-administration of medications without completing the required trainings puts residents at risk of adverse medical consequences.

Findings Include:

Per Surveyor review of the facility ' s employee records conducted on :

Staff C completed 4 hours of medication training on - as of review, there was no evidence of any medication training beyond . There was no evidence of completion of an annual 2-hour training update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Staff E completed 4 hours of medication training on - as of review, there was no evidence of any medication training beyond . There was no evidence of completion of an annual 2-hour training update on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Per review of the facility ' s Medication Observation Records, Staff C & Staff E have both provided residents assistance with self-administration of medications throughout the current month of , 2014. Per interview with Staff C, she has provided residents assistance with medications while serving as relief staff.

Per interview with Administrator on , she reviewed Staff C & Staff E files and was unable to locate any evidence of the required updated trainings. The Administrator confirmed that both Staff C & Staff E provide residents with medication assistance and need the required training updates.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
American Well Care
6333 Langston Avenue
New Port Richey, FL 34652

RE: Revisit, **CCR# 2014009303** & **2014010885**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and two complaint surveys that were conducted on . . . , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were corrected relative to the revisit and the deficiencies identified relative to the complaint surveys. 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 surveys.

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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