STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966698	03/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wellspring Assisted Living Facility	**37815 15th Ave West Zephyrhills, FL 33542**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings

Assisted Living Facility

Two complaint surveys, CCR# 2014012117 and CCR# 2015000424, were conducted from

Wellspring Assisted Living Facility, had deficiencies at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility inappropriately retained a resident (Resident #2) with a longer than the allowable 30 days.

Findings Include:

Resident #2 was admitted to the facility with diagnoses that included and

On , facility staff identified a to the right lateral foot between the ankle and heel. The resident's physician/ARNP was notified and an order for Home Health to treat was received.

An interview was conducted with the Home Health Nurse on at approximately 9:50 a.m. who indicated, " It started as a from a shoe and that is automatically a "

Observation of the care performed by the Home Health Nurse was conducted on starting at approximately 11:15 a.m. The is located on the lateral edge of the right foot/ankle and appears to be a . The edges are clean and the bed is pink. The appeared clean and no drainage observed and no odors. The Home Health Nurse indicated that the size of the fluctuates, but stated and documented it is currently a .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966698	03/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wellspring Assisted Living Facility	**37815 15th Ave West Zephyrhills, FL 33542**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview, the facility failed to ensure enough qualified staff was available to provide resident supervision during the 11:00 p.m. - 7:00 a.m. shift.

Findings Include:

The staffing schedule for the week of - / was reviewed and indicated staff working a total of 424 hours. Based on the current census of 48 residents, the facility is staffing higher than the required hours of 375 hours per week for a census of 46 - 55 residents.

During the course of the survey, three to five staff members were observed on the day shift (7:00 a.m. - 3:00 p.m.) and two staff on the evening shift (3:00 p.m. - 11:00 p.m.). The schedule provided has only one staff member scheduled for the 11:00 p.m. - 7:00 a.m. shift with a census of 48, which was confirmed in an interview with the Assistance Administrator on / at approximately 12:28 p.m.

Two of five residents interviewed felt there should be more than one staff member working at night. The Incident Log since / was reviewed, and eight of 27 entries into the Log occurred on the 11:00 p.m. - 7:00 a.m. shift, including , elopement and requiring transport to the hospital.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on employee record review and interview, the facility failed to ensure that two of 12 direct care staff (Staff 'E' and Staff 'F') received the required six hours of Limited Mental Health (LMH) training in working with individuals with mental health diagnoses; and did not ensure the training was provided or approved by the Department of Children and Families and must be taken within six month of employment in a limited mental health facility.

Findings Include:

Personnel record review of Staff 'E' revealed a hire date of . Staff 'E' did have a certificate for "Introduction to Care," dated , but there were no course hours listed, and had an illegible signature with no credentials. Staff 'E' did not have the required six hour Limited Mental Health training provided or approved by the Department of Children and Families within six months of employment.

The personnel file review of Staff 'F' revealed a hire date of . Staff 'F' did have a four hour certificate for "Introducation to Care," dated , signed by the Assistant Administrator. Staff 'F' did not have the required six hour Limited Mental Health training provided or approved by the Department of Children and Families within six months of employment.

On at approximately 1:00 p.m., an interview with the Assistant Administrator confirmed that Staff 'E' and Staff 'F' did not have the required six hour Limited Mental Health training provied or approved by the Department of Children and Families within six months of employment. The Assistant Administrator stated that Staff 'E' and Staff 'F' will be signed up for the Limited Mental Health training by the Department of Children and Families as soon as possible.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wellspring Assisted Living Facility
37815 15th Ave West
Zephyrhills, FL 33542

RE: CCR #2014012117 & 2015000424

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2015 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 after 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,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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