AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966942	03/01/2016
NAME OF PROVIDER OR SUPPLIER **WELLSWOOD CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 CLANTON AVENUE** **TAMPA, FL 33603**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

Assisted Living Facility

A complaint investigation (CCR #2016000591) was conducted at Wellswood Care Center on . Wellswood Care Center had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on record review and interview, health assessments for three of six residents sampled (#2;4;6) were missing at least some element of required information. Findings include:

A review of resident files during the investigation found that a) the health assessment for Resident #2 (admitted) did not address this individual's medication self-administration capacity; b)the evaluation for Resident #4 (admitted) did not include the examining health care professional's address and telephone number; and c) the health assessment for Resident #6 did not include the license number of the health care provider conducting the examination. Interview with the facility co-owner at 1pm on provided no clarification.

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the facility owner and/or administrator had not necessarily utilized the 1823 health assessment as a proper tool to determine the appropriateness of two of six residents sampled (#2;4). Findings include:

A review of resident records during the investigation revealed the following: a) Resident #2's health assessment from indicated that he required "total care" with all activities of daily living (ADLs) In addition, it stated that the resident was "bed-ridden" for 10 days or more. Both of these indices meant that the resident was possibly inappropriate. Review of Resident #4's file found a health assessment indicating "total care" for all ADLs with the exception of eating. Again, a "total care" resident could not reside in an assisted living setting. Interview with the co-owner at 1:40pm on indicated that "these evaluations were made while both residents had been in the hospital, etc." However, it was unclear why a
"more accurate" health evaluation had not yet been obtained for either individual.

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Class III

0167 Resident Contracts

Based on record review and interview, the resident contracts for two of six residents sampled (#1; 3) did not have the monthly rates entered. Findings include:

A review of resident files revealed that the contracts for Resident #1 (admitted) and #3 (admitted) did not contain the monthly rate being charged. Interview with the co-owner at 2pm on provided no explanation other than it was an oversight.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2016

Administrator
Wellswood Care Center
907 Clanton Avenue
Tampa, FL 33603

RE: CCR #2016000591

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than ....., 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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Enclosure: State (5000-3547) Form
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