STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	03/14/2016
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

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

0000 Initial Comments

The re-licensure survey was conducted on / / . Wellsprings Residence had deficiencies at the time of the visit.

0010 Admissions - Continued Residencv

Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) after a significant change (hospice enrollment) and hospital admission for 1 of 2 sampled residents (#2).

Findings:

Record review for Resident #2 revealed a hospital Discharge Summary that was dated / . Review of the AHCA form 1823 revealed the health care provider's printed name, License Number, address and telephone number was not listed on the form.
Further record review and Hospice Record review revealed she was admitted to Hospice services on / , there was no documentation to confirm that the facility had obtained the AHCA form 1823 after the significant change (hospice enrollment).

On at 2 PM, the Administrator confirmed the health assessment dated was not complete and she said there was no AHCA form 1823 Obtained for the hospice admission.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to maintain a written record of a significant changes and the family and health care provider was contacted for an illnesses which resulted in a hospital visit for 1 of 2 sampled residents (#2).

Findings:

Record review for Resident #2 revealed a hospital Discharge Summary that was dated / / . The facility used a separate book to document daily activities of the resident. Review of the book revealed it noted the resident was sent to the hospital on . Further review of the book revealed there was no documentation of what had occurred requiring a hospital visit, there was no documentation that the family and health care provider was contacted.

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On at 1 PM, the administrator confirmed she did not document that what had occurred requiring the hospital visit. She stated the Family and Health care provider was contacted and she did not write it in the book.
Class

0052 Medication - Assistance with Self-Admin

Based on observations and interview, the facility failed to ensure when an unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

On at 9:25 a.m. staff C, an unlicensed staff removed resident #4's medication packet from a locked medication cart and showed it to the resident and said "these are your Monday morning pills." She popped the pills out of a prepackaged pouch into a small plastic cup and handed over the cup to the resident with a glass of water. The resident then took the medications. Staff C initialed a Medication Observation Record (MOR) under a column "Breakfast", row "14". The MOR did not have medication names.

Staff C did not follow the appropriate procedures at all times and did not in the presence of the resident, read the label, open a container, remove the prescribed amount of medication from the container.

When asked what medications she gave to the resident, she pointed to a list of medications on the left side of the packet. She stated that the medications came in prepackaged for days and times, i.e. Monday/Morning, Noon, Evening, and Bedtime. She said that she never read the name of medications to resident. Staff D (lead certified nursing assistant) who was present also confirmed that staff C did not read the label.

Class III

0054 Medication - Records

Based on observation, record review and interview, the facility failed to ensure medication observation record (MOR) has required information for 1 out of 1 sampled resident (#4).

Finding:

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On at 9:25 a.m. staff C, an unlicensed staff removed Resident #4's medication packet from a locked medication cart and showed it to the resident and said "these are your Monday morning pills." She popped the pills out of a prepackaged pouch into a small plastic cup and handed over the cup to the resident with a glass of water. The resident then took the medications. Staff C initialed a Medication Observation Record (MOR) under a column "Breakfast", row "14" (for Breakfast time, of day 14 of 2016). It was one initial for all the pills the resident had taken.

Resident#4's MOR was set up with corresponding rows and columns. First column was "Day" under which numbers 1 to 31 were listed, next columns were "Before Breakfast", "Breakfast", "Lunch" "Snack" "Evening" "Bedtime" and "Notes". The MOR did not include the name, strength, and directions for use of each medication nor any known the resident may have.

On at 9:30 Staff D (lead certified nursing assistant) stated the facility had been using such MOR for routine medications for all residents. She stated that a MOR with medication names and known allergies was used only for an 'as needed (PRN) medications.

A review of the facility medication binder revealed all residents' MORs for routine medications did not include the name, strength and direction for use of each medication. It did not include any known a resident may have. The census was 16.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview, the facility failed to obtain for 1 of 4 staff a statement from her health care provider documenting freedom from communicable (B).

Findings:

Personnel record review for Staff B revealed she was hired on and there was no documentation to confirm she was free from Communicable .

On at 3 PM the Administrator said she could not locate any documentation to confirm freedom from Communicable for staff B.

Class III

0090 Training -

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Based on personnel record review and interview the facility did not provide 1 of 4 sampled staff (A) at last one hour of training in the facility's policies' and procedures regarding ( ) included in Rule 58A-5.0186, F.A.C. within 30 days after employment.

Findings:

Personnel record review for staff A (administrator) revealed she was hired on / / and there was no documentation found to confirm that she had received at least one hour of training in the facility's policies' and procedures regarding included in Rule 58A-5.0186, F.A.C. within 30 days after employment.

On at 3 PM the Administrator said she could not locate a certificate for the training in her record.

Class III

0167 Resident Contracts

Based on resident record review and interview the facility failed to ensure each resident's contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 2 of 2 sampled resident's contracts (#1 and #2).

Findings:

Resident record review including contracts for residents #1 and #2 revealed their contracts did not include the following per 429.24 F.S.:
A statement to inform the residents or their responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first.
A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility.
A refund policy to be implemented at the time of a resident ' s transfer, discharge, or that included all of the requirements.
The conditions under which claims will be made against the refund due the resident.
The contract for Resident #2 noted "this agreement may be terminated at any time for any reason by the Resident or Wellsprings Residence with a 45 day notice."
Per 429.24 The resident cannot not be required to give more than a 30 day notice.

For Resident #1 her contract was a lease and also did not include whether or not the facility was

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affiliated with any religious organizations. Also, there was no provision that covered the requirements of a written notice by the resident or facility to terminate the agreement.
There was no provision stating that at least 30 days' written notice will be given before any rate increase; On at 2:00 p.m. the administrator stated that Resident#1 was first admitted as an independent resident. She had not updated resident#1's contract to conform with the requirements of assisted living facility. She confirmed information was also missing from Resident #2's contract.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Wellsprings Residence
700 E Welch Rd
Apopka, FL 32712

RE: Re-licensure

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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