AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	08/11/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN WELL CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6333 LANGSTON AVENUE** **NEW PORT RICHEY, FL 34652**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2016007990 and CCR# 2016008094) were conducted at American Well Care on . American Well Care, Assisted Living Facility, had a deficiency at the time of the visit.

(License # 10549)

0152 Physical Plant - Safe Living Environ/Other

Based on observation, interview, and record review, the facility failed to ensure that all mechanical systems were maintained in good working order and make repairs as needed in a timely manner.

Findings included:

Staff A was interviewed at 8:50 AM on and she stated that one of the air conditioning units had been broken for a month now. She stated that 3 service companies came out to look at it.

Resident #1 was interviewed at 9:48 AM on , Resident #2 was interviewed at 9:52 AM on and Resident #3 was interviewed at 10:01 AM concerning the air conditioning for their . All stated that the air conditioning for their was not working. Resident #2 stated that it was too hot in her . Resident #2 ' s been observed at approximately 9:45 AM (before the peak heat of the day) and it appeared to be hot. While there wasn ' t a thermometer observed in the gauge the exact temperature, a review of the website of weather.com showed that the temperature for in the facility ' s city reached 92 degrees.

The administrator was interviewed about the air conditioning on at 9:11 AM and when asked if there were issues with the system she stated that there was currently a problem. She stated that 1 of 3 units had been out of order for several weeks. She stated that the unit will be replaced next week. When asked as to exactly when it will be replaced she stated that it would be sometime between and .

The administrator stated that the facility had several quotes to get the system fixed. She was asked for copies of the quotes and presented an estimate which showed a date of , more than 3 weeks

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before the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016007990 & 2016008094

Dear Administrator:

This letter reports the findings of two state licensure complaint surveys 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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
XG90