| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966321** | **08/28/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**AMERICAN WELL CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6333 LANGSTON AVENUE**<br>**NEW PORT RICHEY, FL 34652** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A complaint investigation, (CCR# 2017006277), was conducted at American Wellcare on . American Wellcare, Assisted Living Facility, had a deficiency at the time of the visit.

(License # 10549)

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on observation, interview and record review, the facility failed to ensure that employees who had direct contact with mental health residents in a licensed limited mental health facility received training in working with individuals with mental health diagnoses (LMH Training), within six months of employment, for one (Staff A) of three employee records reviewed.

Findings included:

A review of Staff A's record on showed a date of hire of . Staff A was included on the facility's direct care staffing schedule and was observed interacting with residents during the survey . The review of Staff A's employee record showed no proof of LMH Training.

An interview was conducted with the Administrator at 11:58 AM on concerning the lack of proof of LMH Training for Staff A. The Administrator acknowledged that Staff A did not have the required training.

Class III