

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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

On , 2017, a biennial re-licensure survey with limited mental health (LMH) in conjunction with a complaint survey (CCR 2017011251) was conducted at American Well Care. Deficient practice was identified during the surveys.

(License #10549)

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to obtain a fully completed and dated documentation of a face-to-face health assessment (AHCA Form 1823) that addressed the requirement of any assistance with the administration of medication for one (Resident #6) of three residents' records reviewed.

Findings included:

A review of facility records conducted on showed that Resident #6 was admitted on . A review of Resident #6's most current AHCA Form 1823 was conducted on . The AHCA Form 1823 showed blank areas for the date of the examination, no indication as to whether the resident needed help taking their medication, whether they needed assistance with self-administration of medication or medication administration.

The Owner was interviewed at 5:15 PM on concerning Resident #6's AHCA Form 1823 and the omissions of an examination date and indication as to what assistance with medications was required for the resident. The Owner acknowledged that the AHCA Form 1823 was incomplete.

Class III

0028 - Resident Care - Activities of Daily Living - 58A-5.0182(4) FAC

Based on observation and interview the facility failed to provide supervision with activities of daily living for 16 of 16 residents.

Findings included:

During the resident interviews and observations on at 10:00am it was noticed that the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		
residents were not . Some of the residents had dirty long fingernails, greasy dirty hair, unshaven, disheveled. The residents clothes were messy and the general appearance of the residents were that they needed prompting, encouragement and more supervision for better personal . Interviews with residents # 1, #2, #3, revealed that the residents have to request time and the shower to allow the residents to have use of the showers. The facility does not have shower days nor does the staff over see to be sure the residents are taking showers. Class III 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on observation and interview the facility failed to follow steps in assisting with self-administration of medication as outlined in 429.256 Florida Statutes. Specifically, facility staff did not observe residents taking the medication or verify that they were providing the correct medication to the correct resident. Findings included: On , beginning at 12:30pm, Med Tech A was observed during the medication pass as she handed out each resident their medication and the resident walked away with their pills and drink. Med Tech A did not watch the resident take their medication before she started to assist the next resident in line. Residents were not addressed by name to identify who they were. Med Tech A did not tell the residents the name of any medications they were taking and did not check the Medication Observation Record against the medication label. An interview was conducted with the facility owner on at 1:00pm regarding the concerns during the medication pass. The owner confirmed that Med Tech A just completed an annual training related to assisting with self-administration of medication but will need additional training. Class III 0078 - Staffing Standards - Staff - 58A-5.019(2) FAC Based on interview and record review the facility failed to ensure 2 (Staff A, B) of 3 sampled employees had documentation on file indicating they were free from communicable 30 days after employment. Finding Included: A review of the employee personnel records on revealed staff A was hired on . Staff A's file did not have documentation indicating the employee was free from communicable .		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		
Staff B was hired on . Staff B's file did not have documentation indicating the employee was free from communicable . During an interview with the facility owner on at 4:15 p.m., the owner confirmed the findings. No further documentation was provided. Class III 0081 - Training - Staff In-Service - 58A-5.0191(2) FAC Based on interview and record review, the facility failed to provide proof of required in-service training, within 30 days of employment, for two (Staff A, and B) of three employee records reviewed. Findings included: A review of employee records conducted on showed that Staff A was hired on and that they provided direct care to the facility's residents. A review of Staff A's employee record showed a lack of training certificates in the subjects of Control, , Resident Rights. Staff A's training on elopement response procedures and emergency procedures were completed online and were not facility specific training and did not address the facility's policies. Staff B's hire date was and Employee B provides direct resident care. A review of Staff B's record revealed Staff B did not have evidence of training for Activities of Daily living (ADL) and Behavioral needs, Control, , Resident Rights and Nutrition and Safe Food Handling. Staff B's training on elopement response procedures and emergency procedures were completed online and were not facility specific training and did not address the facility's policies. An interview was conducted with the owner at 2:10 PM on concerning the lack of training, the on line training and the training that is required to be facility specific. The owner stated he agreed with our findings. No additional documentation was provided. Class III 0082 - Training - / - 58A-5.0191(3) FAC Based on record review and interview the facility failed to ensure 2 of (A, B) 3 staff had completed a one-time education training on and , including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		
Findings Included: During record review of Staff A, hire date who provides direct care, it was revealed Staff A had no documentation of the and required training, including the topics prescribed in the Section 381.0035, F.S. within 30 days of employment. Staff B had a hire date and Staff B's record contained an incomplete training certificate for and . The certificate did not have the number of training hours completed. During an interview the owner on at 4:00pm, he agreed the training was not completed. No further documentation was provided. Class III 0083 - Training - First Aid and - 58A-5.0191(4) FAC Based on record review and interview the facility failed to ensure there was always one person in the facility that had received training in First Aid and , (). Findings Included: During a review of employee records conducted on , it was revealed /staff A and C did not have documentation of having completed First Aid and . A review of the staffing schedule indicates both staff A and C work alone with the residents . During a interview with the owner on at 4:00pm the owner agreed with the findings and stated he would have them trained. Class III 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interview the facility failed to ensure 2 (Staff A and C) of 3 unlicensed staff had documentation of the required 4 hour training related to assistance with self-administration of medication. Findings included: During a review of employee records conducted on , it was revealed that Staff A had documentation of 2- hour medication training update completed on . There was no documentation of an initial 4-hour training available for review. A review of the employee record for Staff C revealed documentation of a 4 hour medication training dated completed online. The training did not include any documentation of the required		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		
hands-on demonstration of correct techniques. In an interview on at 4:00pm, the facility owner stated that he did not know the 4 hour training needed to be kept in the file. Class III 0090 - Training - - 58A-5.0191(11) FAC Based on record review and interview the facility failed to ensure 3 (A, B, C) of 3 staff received one hour training pertaining to the facility's policies and procedures regarding () within 30 days of employment. Findings included: During record review of employee training on at 1:00 pm, it was revealed Staff A, B and C had received the a online training. The training was not facility specific. The training did not contain the facility's policy and procedures specifically but contained general information related to . During an interview with the facility owner on at 4:00 pm the owner stated he would review the staff records and have the staff retrained to meet requirements. Class III 0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC Based on observation, interview, and record review, the facility failed to substitute menu items with items of comparable nutritional value or maintain a six month log of menu substitutions (Substitution Log), noted before or when the meal was served. Findings included: The registered dietitian approved menu was reviewed on . According to the lunch menu for that date, the vegetable to be served with the meal was sautéed cabbage. The lunch meal was observed at 12:10 PM on and there was no cabbage or any other vegetable served with the meal. At 1:01 PM on , Staff A was asked to show the Substitution Log. At 1:17 PM on , Staff A returned and stated that they couldn't find the Substitution Log. When asked why the sautéed cabbage was not served during the lunch meal, Staff A stated that there was no cabbage in the facility.		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		
Class III 0167 - Resident Contracts - 58A-5.025 FAC Based on record review and interview, the facility failed to provide proof of a residential contract that indicated the daily, weekly, or monthly rate for two (Resident #3 and Resident #4) of three residential contracts reviewed. Findings included: A review of residential contracts was conducted on . A review of Resident #3's record showed a residential contract dated and Resident #4's record showed a residential contract dated . The two contracts showed no indication as to what the daily, weekly, or monthly rate that was being charged. An interview was conducted with the Owner at 5:16 PM on concerning the omission of daily, weekly, or monthly rates on Resident #3's and Resident #4's residential contracts. The Owner acknowledged that the contracts did not contain rates being charged. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on interview and attempted record review, the facility failed to submit an emergency management plan for review and approval to the local emergency management agency that included an emergency power plan. Findings included: On , the facility's emergency plan and documentation of approval was requested from the facility owner. No emergency plan approval was available for review. An interview was conducted with the Owner at 10:33 AM on concerning the facility's emergency management plan and the provision for the emergency power plan component. The Owner stated that the emergency power plan was not approved yet and there was an issue concerning fuel storage. The Owner stated that they did not obtain a waiver concerning the emergency power plan. Class III		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 12/29/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966321	(X3) DATE SURVEY COMPLETED 12/14/2017
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)		