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

A complaint investigation (CCR 2017011251) was conducted at American Well Care on [redacted] in conjunction with a biennial re-licensure survey with limited mental health (LMH). American Well Care had deficiencies at the time of the investigation.

(License #10549)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to provide supervision as appropriate for each resident including maintaining an awareness of residents' whereabouts for one (Resident #6) of three resident records sampled.

Findings included:

Staff A was interviewed at 9:19 AM on [redacted] and stated that Resident #6 eloped about 2 weeks prior and was currently in the hospital.

Staff A was interviewed again at 9:55 AM on [redacted] and stated that Resident #6 had eloped on [redacted]. They stated that the facility called the police and no one there knew where the resident was. Interviews were conducted with Staff B at 11:44 AM and Staff C at 1:19 PM on [redacted] and both stated that Resident #6 had eloped from the facility.

A review of Resident #6's record showed that Resident #6 had eloped from the facility previously on [redacted] and returned on [redacted]. There was no documentation on record concerning Resident #6's elopement on [redacted] as to what occurred or notification of the resident's healthcare provider. A review of Resident #6's AHCA Form 1823 indicated that the resident was an elopement risk.

The Owner was interviewed at 5:30 PM on [redacted] concerning Resident #6's elopement on [redacted] and lack of available documentation. The Owner stated that they were aware of the elopement as the former administrator had informed them. Resident #6's AHCA Form 1823 was referenced concerning the resident being an elopement risk. The Owner did not provide any additional documentation concerning the elopement.

Class III

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

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, interview, and record review, the facility failed to provide supervision by an administrator, responsible for the management of staff and provision of appropriate care to all residents.

Findings included:

Staff A was interviewed at 9:00 AM on [redacted] and stated that the administrator of record no longer worked at the facility. There were no postings observed as to who was in charge in the administrator's absence.

The Owner was interviewed at 5:50 PM on [redacted] and stated that the former administrator's last day of work was [redacted]. The Owner stated that they were not CORE trained but they were overseeing operations. The Owner acknowledged that no one on the facility's schedule were CORE trained.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to maintain minimum staffing hours required per week.

Findings included:

A review of direct care staffing schedules was conducted on [redacted]. A 2 week direct care staffing schedule was provided by Staff A and it showed 176 hours for the week of [redacted] and 168 hours for the week of [redacted]. According to the facility's census of 16 residents, 253 hours were required.

The Owner was interviewed at 5:20 PM on [redacted] concerning the non-compliance with minimum hours required by the facility, and they presented another version of the 2- week schedule (photographic evidence obtained). The week of [redacted] on this schedule showed a total of 216 hours and the week of [redacted] showed a total of 244 hours, both weeks not providing the 253 required hours. The lack of minimum staffing hours was discussed again with the Owner at 5:31 PM on [redacted].

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

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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)

Based on interview and record review, the facility failed to maintain proof of adverse incident reports for an incident involving resident elopement, which placed the resident at risk and was reported to law enforcement for one (Resident #6) of three resident records sampled.

Findings included:

Interviews were conducted with Staff A at 9:19 AM and 9:55 AM on [redacted] and they stated that Resident #6 eloped from the facility on [redacted]. Staff A stated that no one knew where Resident #6 was and local law enforcement was notified. Staff A was asked to show the facility's resident sign-out book and the book was empty (photographic evidence obtained). A review of the binder for the facility's adverse incident reports was reviewed and there was no documentation concerning Resident #6's elopement on [redacted].

The Owner was interviewed at 5:45 PM on [redacted] concerning Resident #6's elopement. The Owner stated that they were informed about the elopement. The Owner was told that there was no adverse incident report for the elopement on record when the binder was reviewed. The Owner stated that they thought the former administrator had filed a report. The Owner provided no proof that the facility had filed an adverse incident report for Resident #6's elopement.

Class III