| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966321 | R<br>02/12/2018 |
| 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 follow-up visit to a biennial relicensure survey with limited mental health (LMH) was conducted at American Well Care on in conjunction with a follow-up visit to a complaint (CCR 2017011251). American Well Care had deficiencies at the time of the visit.

(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 health assessment (AHCA Form 1823) that addressed the requirement of any assistance with the administration of medication for one (Resident #1) of two residents' records reviewed.

Findings included:

A review of Resident #1's record conducted on showed that their most current AHCA Form 1823 showed that the date of the examination was blank and whether the resident needed assistance with medications or what kind of assistance was needed was also blank.

The Administrator was interviewed at 1:19 PM on concerning the missing information on Resident #1's AHCA Form 1823. The Administrator reviewed Resident #1's AHCA Form 1823 and acknowledged the blank sections.

Class III

**0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)**

0052
Based on observation, interview, and record review, the facility failed to ensure that assistance with self-administration of medication was followed in accordance with procedures described in Section 429.256(4), Florida Statutes, including reading the medication label to the resident, for six (Resident #7, Resident #8, Resident #9, Resident #1, Resident #6, and Resident #10) of six residents observed.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A medication observation of assistance with self-administration was conducted beginning at 12:00 PM on . In the observation of assistance with all six residents, Staff A popped medications in to gloved hands, placed the medications in to a cup, poured water, handed medications to residents, and watched them take and swallow the medications. At no point did Staff A explain to the residents what medications they were taking. Additionally, Staff A did not review the medication observation records (MORs) and compare the medication labels to the MORs prior to assistance.

An interview was conducted with Staff A at 12:14 PM on concerning the medication observation and not following required steps. Staff A acknowledged that they did not follow required steps with the six residents observed.

Class III

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on observation, interview, and record review, the facility failed to ensure that medication observation records (MORs) were immediately updated each time a medication was offered or self-administered for six (Resident #7, Resident #8, Resident #9, Resident #1, Resident #6, and Resident #10) of six residents observed.

Findings included:

A medication observation was conducted at 12:00 PM on with Staff A assisting residents with self-administration of medications. In the observation of assistance with all six residents, Staff A popped medications in to gloved hands, placed the medications in to a cup, poured water, handed medications to residents, and watched them take and swallow the medications. Staff assisted all six residents without updating the MORs until after they were finished assisting all residents.

An interview was conducted with Staff A at 12:14 PM on concerning the medication observation and not immediately updating the MORs. Staff A acknowledged that the MORs were not immediately updated as required.

Class III

**0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC**

Based on observation, interview, and record review, the facility failed to ensure that assistance with

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

self-administration of medication was followed in accordance with procedures described in Section 429.256(4), Florida Statutes, including reading the medication label to the resident, for six (Resident #7, Resident #8, Resident #9, Resident #1, Resident #6, and Resident #10) of six residents observed.

Findings included:

A medication observation of assistance with self-administration was conducted beginning at 12:00 PM on . . . . . In the observation of assistance with all six residents, Staff A popped medications in to gloved hands, placed the medications in to a cup, poured water, handed medications to residents, and watched them take and swallow the medications. At no point did Staff A explain to the residents what medications they were taking. Additionally, Staff A did not review the medication observation records (MORs) and compare the medication labels to the MORs prior to assistance.

An interview was conducted with Staff A at 12:14 PM on . . . . . concerning the medication observation and not following appropriate procedures. Staff A acknowledged that they did not follow appropriate procedures with the six residents observed.

Based on the uncorrected class III deficiency concerning assistance with self-administration of medications, the facility shall be required to employ the consultation services of a licensed pharmacist or a registered nurse.

The consultant shall at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

This serves as a written notification of the requirement for the above described consultation services.

Class III

**0181 - Emergency Plan Approval - 58A-5.026(2) FAC**

Based on interview and 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:

A review of the facility's comprehensive emergency management plan (CEMP) showed a statement

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dated from the local emergency management agency that the plan was being returned to comply with Emergency Rule 58AER17-1.

The Administrator was interviewed at 1:31 PM on concerning no observation of subsequent approval of the facility's CEMP. The Administrator stated that there was not a new plan that was submitted for approval.

Class III