STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966942	**04/10/2018**
NAME OF PROVIDER OR SUPPLIER **WELLSWOOD CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **907 CLANTON AVENUE** **TAMPA, FL 33603**	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Wellswood Care Center (Lic. #11059). Deficient practice was identified during the survey.

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

Based on record review and interview, the health assessments for two of two residents sampled (#2; 4) were either incomplete or contained potentially inaccurate information.

Findings include:

Resident record review during the survey found a health assessment for Resident #2 that did not address this individual's medication self administration capacity (blank), while the assessment for Resident #4 indicated this individual required "total assist" with toileting (generally regarded as inappropriate for an assisted living setting).

Interview with the designee at 1:40pm on provided no clarification for this oversight.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, record review and interview, the use of physical by the facility had not been reviewed on an annual basis with respect to one of one resident sampled (#4) with said devices in place.

Findings include:

At approximately 11am on , half-bed rails were observed to be attached to the bed of Resident #4. A review of this individual's file found no documentation of a health care provider's official order for said rails having been obtained within the last year. Interview with the administrative designee at 2:15pm on found that "he thought that an initial evaluation for the side rails was all that was required."

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Class III

0076 - ( ) - 58A-5.0186 FAC

Based on record review and interview, the facility had not disseminated its policies and procedures regarding ( ) or advance directives, including Form SCHS-4-2006, "Health Care Advance Directives--The Patient's Right to Decide", to two of two residents sampled (#2; 4).

Findings include:

Resident record review during the survey found no documented evidence that the facility had provided any copies of its policies and procedures pertaining to or advance directives to either Resident #2 or #4. Interview with the administrative designee at 2:45pm on verified that although his facility had formulated said policies/procedures, he had not formally documented the residents' receipt of these documents. In addition, there was no documented evidence that Form SCHS--4--2006 had been sent out to Residents 2 and 4, or a document that was substantially similar. Again, this was confirmed by the designee in the same interview as above.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility had not documented the ( ) status for one of three staff sampled (B) on an annual basis.

Findings include:

A personnel file review during the survey found that the latest assessment for Staff C (hired) was from , thus expiring . Further review of the record found no subsequent evaluation having been conducted. Interview with the administrative designee at 2:10pm on provided no clarification.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

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Based on observation, record review and interview, one of three staff sampled (A) who assisted residents with their medication self-administration as part of their duties had not received the initial 4 hour training in this area prior to taking on this responsibility.

Findings include:

At approximately 12:25pm on , Staff A was observed assisting one of the residents with their medications. Although review of this employee's personnel file found several certificates verifying the completion of 2 hour medication trainings that were current, no initial 4 hour medication assistance training could be located. Interview with the administrative designee (Staff A) at 2pm on revealed that "he knew he took the course but he wasn't sure where the training certificate had been filed."

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

Based on interview and record review, two of two staff sampled (A;C) who were designated as responsible for the facility's food service had not taken the 2 hour continuing education in topics pertinent to nutrition/food service in an assisted living facility on an annual basis.

Findings include:

A personnel record review during the inspection found , 2017 certificates for a 1 hour safe food handling class that both Staff A(administrative designee) and Staff C (administrator) had taken. However, further review of both records found no subsequent nutrition-related training for either individual. Interview with the administrative designee at 3pm on provided no clarification for this discrepancy.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview, the facility was not meeting the nutritional needs of its residents in that it did not completely follow its menu, had not been logging all substitutions, and was not prepared to accommodate all resident therapeutic diets.

Findings include:

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Observation of the lunch time meal at around 12:20 pm on revealed they were serving ham and cheese sandwich with tomato slice, fruit cup and beverage. Review of the corresponding menu indicated the same plus cole slaw. Further observation found that there was none at the table nor none that had been made in the refrigerator. This was confirmed in an interview with the staff and designee at 12:30pm on .

At 12:45pm, the facility's substitution logs were requested. Documents that were provided stopped at , with absolutely nothing recorded/documented after that.
Interview with the designee at 12:50pm provided no explanation for this sudden logging cessation.
Finally, a review of the approved menus found documents that pertained to regular diet plans only. A review of Resident #4's file found an order for a "consistent diet"; no subsequent clarification of this order with respect to a regular diet had been provided by the reviewing dietetic professional, and no further explanation could be provided by the designee for this or any of the issues identified above.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the file for one of two residents sampled (#4) did not include a complete record of weights documented on a semi-annual basis.

Findings include:

A review of Resident #4's record revealed this individual was admitted . However, further review of the file found no weights having been documented anywhere therein. Interview with the administrative designee at 2:30pm on provided no explanation for this oversight.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and interview, the contract for one of two residents sampled (#2) had not been properly executed.

Findings include:

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During the survey, a review of Resident #2's file found a residency agreement that had been signed by the resident and his representative, but not by a staff member/representative of the facility. Interview with the administrative designee at 2:50pm on provided no explanation for this omission.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the background screening results for one of three staff sampled (B) had not been filed in this individual's personnel folder.

Findings include:

A personnel file review during the survey revealed no Level 2 background screening results were available in the employee record for Staff B (hired as caregiver). Although an internal review of the AHCA background screening website found that this individual was "eligible" as of , interview with the administrative designee at 3:20pm on provided no explanation why there was no copy of the screening report in Staff B's file.

Class III