STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	10/29/2018
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 2018015386) was conducted at American Well Care on . . . . . in conjunction with a revisit to an . . . . . complaint (CCR 2018010862, 2018010932, 2018009947, and 2018009790). American Well Care had deficiencies at the time of the investigation.

(License #10549)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on record review and interview, the facility failed to maintain a safe living environment due to the lack of reporting of an allegation of resident to the Florida Hotline as stated in their policy and procedures and under 415.1034, Florida Statutes. Additionally, the facility failed to provide proof of required policy and procedures concerning residents' presenting grievances.

Findings included:

A review of resident records revealed documentation dated of an allegation that Staff A , , ... Resident #1 (photographic evidence obtained). A review of Resident #1's record showed no proof that the Florida Hotline had been called.

The Administrator was interviewed at 12:00 PM on and they stated that the responsible State Agency was in the facility to investigate the allegation of . . . . . The Agency's Field Office Supervisor corresponded with the responsible State Agency on 11/1/18 and they stated that there was no proof that an investigation took place (photographic evidence obtained).

A review of the facility's policy and procedures on "Incident Reporting and . . . . " references " . . . . , Neglect, and , " and stated, " ...As a mandatory reporter, They will know to call the hotline and they know they can be anonymous if they choose. They will also know that failure to report is a crime". The phone number to the Florida hotline was also included with the facility's policy and procedures (photographic evidence obtained).

A request was made of the Administrator on . . . . . to provide the facility's grievance log. A request was also made to show their policy and procedures on presenting grievances. A binder of facility policy and procedures was provided to the Agency. A review of the binder showed no policy and procedures on

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presenting a grievance.

The Administrator was interviewed on at 4:35 PM and they acknowledged that there was no grievance log and they were unable to provide proof of policy and procedures of presenting a grievance.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of staff members within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment and termination of employment, for two (Staff C and Former Administrator) of six employees sampled.

Findings included:

A review of employee records conducted on showed that Staff C had a date of hire of .
A review of the Employee Roster showed that Staff C was not listed. The review of the Employee Roster also showed that the Former Administrator had no end date of employment.

An interview was conducted with the current Administrator at 4:28 PM on . The Administrator stated that the Former Administrator left employment approximately six months ago. The Administrator was informed that Staff C was not entered in to the Employee Roster and that the Former Administrator had no end date. The Administrator acknowledged that the Employee Roster was not up-to-date.

Unclassified

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to ensure that 2 of 5 direct resident care employees of the facility with 21 in-house residentshad an level 2 background screening status and staff and no ninety day break in employment.

Findings included:

A review of Resident Care Assistant Staff C's personnel record on revealed a hire date of . Staff C's personnel record contained a level II background screening deeming Staff C eligible for employment on . Staff C had no proof of a rescreening prior to a hire date of . The record review revealed a ninety day break in employment prior to the hire date of . Upon a further review of Staff C's personnel file, there was no evidence of prior employment references in the file. Page 2 and 3 of staff C's application for employment were left blank.

A record review of staff D's personnel records revealed a level 2 background screening status of

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"Agency Review Required." There was no further indication as to whether staff D was found eligible.

On at 4:35 P.M. during an interview with the facility administrator, the administrator reviewed staff C's and staff D's personnel file and confirmed the findings. The administrator confirmed both staff C and D are currently on the facility staffing schedule and are providing direct care and services to residents.

Unclassified