

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2018
FORM APPROVED

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

(License #10549)

0032 - Resident Care - Elopement Standards - 58A-5.0182(8) FAC

Based on interviews, and record review, the facility failed to follow its own policy and procedures for elopement standards by failing to notify a Resident's family member for one (Resident #8) of two residents reviewed for elopement.

Findings included:

During an interview on at 3:56 p.m., the administrator confirmed Resident #8 left the facility on at 6:30 a.m. However, the administrator did not make contact with the responsible party of Resident #8, upon discovering Resident #8 left the facility. The facility administrator confirmed she doesn't know where Resident #8's current whereabouts are at this time.

According to the current facility Elopement Policy obtained on , provided by the Administrator, it is the facility policy to notify a Resident's family member when a Resident has left the property and did not inform staff of where he or she was going and 8 hours has passed without any one seeing the resident. Resident #8 was out of the facility for an extended amount of time (11 hours) and the facility was not aware of his whereabouts.

A record review of Resident #8's file revealed no documentation of whether the responsible party was notified when Resident #8 had eloped. Record shows Resident #8 has a active Power of Attorney on file in the record.

On , a review of the sign- out log from the facility revealed no indication that Resident #8 was signed out on There was no entry for him coming or going on when he

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left the facility. A record review of Resident #8's medication observation record for showed Resident #8 did not receive his physician- ordered medications for Record showed the last time Resident #8 received his physician ordered medication was on at 5:00 p.m. Class III		