

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 03/29/2019  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966321</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>03/14/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AMERICAN WELL CARE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6333 LANGSTON AVENUE<br/>NEW PORT RICHEY, FL 34652</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>Assisted Living Facility</p> <p>A complaint investigation (CCR 2019002873) was conducted at American Well Care on ... in conjunction with a revisit to a ... complaint (CCR 2018017176) and a second revisit to a complaint (CCR 2018015386). American Well Care had deficiencies at the time of the investigation.</p> <p>(License #10549)</p> <p><b>0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC</b></p> <p>Based on observation, record review, and interview, the facility failed to ensure that the correct menu for the week was posted and dated, the menu utilized was reviewed annually by a licensed or registered dietitian, and failed to maintain a file of six months of dated menu.</p> <p>Findings included:</p> <p>Upon entrance to the facility at 6:28 AM in ..., the weekly menu was observed posted on a wall near the kitchen and dining area. The menu indicated that it was week 3 of the menu cycle and was not dated for the week (photographic evidence obtained). The menu also showed that the last review date was ...</p> <p>An interview was conducted with the Administrator at 10:37 AM on ... The Administrator stated that the correct week for the menu cycle was week 1 and acknowledged that week 3 was posted. The Administrator also acknowledged that a new annual review of the menu was required and that the facility had no file of 6 months of dated menus.</p> <p>Class III</p> <p><b>0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC</b></p> <p>Based on observation and interview, the facility failed to maintain a safe and decent environment that was free of hazards.</p> <p>Findings included:</p> |                                                                                                    |                                                     |

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| <p>A tour of the facility was conducted beginning at 6:35 AM on . . . . . Straight ahead and to the left after the entrance was a common area where the floorboards were observed as dirty and needed cleaning (photographic evidence obtained).</p> <p># was observed and the bed on the left revealed a dirty mattress with cigarette butts on the bed's platform (photographic evidence obtained). In front of the bed on the right side of the room's entrance showed a lump of dirt on the floor (photographic evidence obtained).</p> <p># was observed which contained filth on the floor by a closet/dresser unit (photographic evidence obtained).</p> <p>The dining area was observed and there were dried coffee stains on a table in the area (photographic evidence obtained).</p> <p># was observed and the bed on the right -side of the room had no mattress, and a showed a dirty, stained box spring (photographic evidence obtained). There was a hole in the wall in . . . # located by the box spring. (photographic evidence obtained). Additionally, the floor boards by the window were dirty and contained cigarette butts (photographic evidence obtained).</p> <p>The western hallway leading to the exit was observed and showed cracked tiles that could present a tripping hazard (photographic evidence obtained).</p> <p>An interview was conducted with the Administrator at 10:50 AM on . . . . . and the physical plant and cleanliness issues were discussed.</p> <p>Class III</p> |                                                                                                    |                                                     |