STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	R **05/23/2019**
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

A follow-up to a complaint investigation was conducted at American Well Care Assisted Living Facility on . American Well Care had deficiencies at the time of the survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on interview and attempted record review, the facility failed to ensure there was a written staff schedule reflecting the staffing levels and direct care staff providing care to the facility's residents.

Findings included:

During survey on beginning at 8:35 AM, Staff A confirmed that she and Staff B were working in the facility and reported the facility had a census of 22 residents at the time of survey, requiring 253 direct care staffing hours for the week.

On , no staff schedule was posted in the facility. A request was made for the facility staff schedule for the week of survey and no staff schedule was provided.

An interview was conducted with Staff A at 11:10 AM on . Staff A stated the facility did not have a staffing schedule for the week and indicated the administrator and one other direct care staff were on leave for medical issues so the remaining staff "just take it day by day" and "we confirm who's working."
Due to the absence of a written staff schedule for review, it was not possible to confirm if the facility had the required staffing level at the time of survey.

Class III