Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966321	A. BUILDING: _____ B. WING _____	R 08/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN WELL CARE	6333 LANGSTON AVENUE NEW PORT RICHEY, FL 34652

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A third Revisit to 12/21/18 Complaint Investigation (Complaint Number: 2018017176 and a Complaint Investigation (Complaint Number: 2019008264 and 2019012291) were conducted at American Wellcare Assisted Living Facility on . . . . Deficiencies were identified at the time of survey.	{A 000}		
{A 079} SS=G	58A-5.019(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 . 212 16- 25 253 26-35 294 36-45 335 46-55 375 56- 65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 58A-5.024(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	{A 079}		

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{A 079}	Continued From page 1	{A 079}		

when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 58A-5.0191(5), F.A.C., satisfies this requirement.
b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and .
6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager.
7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.
8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or

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{A 079}	Continued From page 2	{A 079}		

manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule.
9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.
(d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require

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{A 079}	Continued From page 3 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 58A-5.029, 58A-5.030 or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to provide sufficient staff to meet the needs of the 24 residents currently residing at the facility. Findings Included:	{A 079}		

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{A 079}	Continued From page 4 During observations conducted on . . . . . beginning at 07:15am, medications were observed to be in a small office in a refrigerator and green bag not secured or locked (Photographic Evidence obtained). At 08:15am, the facility was noted to be unclean and cluttered. There were toxic chemicals, not secured, and dirty laundry piles on the floor in the hallways (Photographic Evidence obtained). At 09:30am, observed were a lot of cigarette butts on the surrounding grounds of the facility as well as a swimming pool with water, garbage and clutter and the electrical systems that were not functioning. Observed were two vans that were . . . . . and not enough fuel or food to sustain the facility in an emergent situation for the required ninety-six hours. There was a camera hanging by its electrical cord off the of the Facility. At 11:30am, the medication cart was observed to be filthy with spills, garbage, and dust and the water pitcher had stains on it (See Photographic Evidence). At 11:43am, Staff C did not provide medications to Resident #19 because the resident stated twice that they could not make it to the medication cart and the staff circled the resident's medications as refused and did not bring the medication pill packs to the resident. The Fire Control Communicator panel was turned off and at12:20pm, the Administrator stated that the breaker had to be turned off or the fire alarms would continuously sound. There were no activities offered or arranged for residents during the survey. There was no activities calendar posted as required. During an interview with Resident #23, conducted on . . . . . at 12:00pm, Resident #23 stated that "we have to clean ourselves" and that "they can't help with much".	{A 079}		

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{A 079}	Continued From page 5 During an interview with Resident #24, conducted on at 12:10pm, Resident #24 stated that "we must do it for ourselves" when asked if the Facility provided the care and services that the resident required. Resident #24 stated that Staff C "tries" to respond to requests for assistance. During an interview with Resident #14, conducted on at 02:20pm, Resident #14 stated that the resident does not receive the care and services that the resident required and stated that "I'm supposed to be in a nursing home"; "they don't help me with anything"; and, I've had "twenty or so " at the Facility. During an interview with Staff C, conducted on at 07:45am, Staff C stated that there were no staff present with access to Facility records and the admission and discharge log, as required to have records readily available and the Administrator arrived at 09:00am. At 09:00am, Staff C stated that the staff was working alone in the Facility with a census of twenty-four residents and provided everything for the residents, which included "cooking, cleaning, medications, laundry, everything" and personal care required. Staff C stated that the staff does not provide bathing assistance to residents. A review of the Grievance Log, conducted on , revealed that there were many grievances filed by residents regarding the lack of care and services that the Facility provided. A review of the Facility staff conducted on , revealed that the Facility did not employ or contract with staff to provide housekeeping services.	{A 079}		

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{A 079}	Continued From page 6 A review of Resident #7, #9, #18, #19, and #24 Medication Observation Records, conducted on [redacted], revealed that the residents had medications not documented as given to the residents, inaccurate documentation of medications, and the Medication Observation Records did not include the residents' Health Care Provider's name and telephone number as required. A record review for Resident #14, conducted on [redacted], revealed that Resident #14's health assessment form dated [redacted] stated that the resident had diagnoses of [redacted] and [redacted] Polydipsia (drinks excessively) and did not require any assistance for any activity of daily living (ambulation, bathing, [redacted], eating, grooming, toileting, or transferring. Resident #14 did not have an accurate health assessment form, which was indicative of the resident's decline in condition. Resident #14 had an Agency for Health Care Administration Form 5000-3008 Medical Certification for Medicaid Long Term Care Services dated [redacted], which stated that the resident required a higher level of care need for [redacted] and included diagnoses [redacted] Hyponatremia, [redacted], Abnormal Gait, [redacted], and Low [redacted]. Resident #14's progress notes documented frequent [redacted], "excessively drinking", "having accidents all over the building", "not using walker", "combative all night", "screaming" and "cussing" at staff, and telling staff that the resident and Resident #20 were "having [redacted]", and the resident was found in bed with Resident #20 on two occasions. There was no documentation of additional services offered or arranged to meet the resident's care needs. There were no documented notifications to Resident #14's Health Care Provider,	{A 079}		

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{A 079}	Continued From page 7 Responsible Party, or Community Support Case Manager for any of the aforementioned documented issues and concerns. A record review for Resident #15, conducted on , revealed that Resident #15's undated health assessment form stated that the resident required supervision with bathing and eating and assistance with ambulation, , grooming, toileting, and transferring. A record review for Resident #16, conducted on , revealed that Resident #16's undated health assessment form stated that the resident required assistance with ambulation, bathing, , eating, and grooming. There was no type of assistance that the resident required for toileting and transferring. A record review for Resident #19, conducted on , revealed that Resident #19's health assessment form dated stated that the resident required assistance with ambulation, bathing, , eating, grooming, toileting, and transferring. During an interview with Staff C, conducted on at 08:00am, Staff C stated that "we don't assist with bathing". During an interview with Staff E, conducted on at 02:28pm, Staff E stated that Resident #14 "needs a higher level of care" and "we don't have the resources for [the resident]" and the resident "is and all the time". Staff E stated that Staff C worked on the floor alone. A review of the weekly staffing schedule, conducted on , the weekly direct-care	{A 079}		

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{A 079}	Continued From page 8 staffing hours totaled 254-direct care staffing hours for the week of through , which was one hour over the required minimum standard. However, the staff schedule did not reflect the true direct care staffing hours. Staff C stated that the staff worked from 07:00am to 07:00pm and the scheduled stated that the staff worked from 07:00am through 03:00pm. Staff C stated that the Administrator worked a couple of hours each day, but the scheduled showed that the Administrator worked 08:00am through 05:00pm each day from Monday through Friday. During an interview with the Administrator, conducted on at 09:00am, the Administrator stated that the Facility "can't find worker". At 09:55am, the Administrator stated that "the pool needed to be drained". The Administrator stated that "the cameras don't work. The Administrator stated that neither van worked and "one is completely rusted through". At 12:20pm, the Administrator stated that the electrical issues had not been corrected and that "the [electrical] breaker [to the Fire Control Communicator system] was shut off because the fire alarm continuously sounded" if the breaker was on. The Administrator stated that "the Medication Technician should have offered Resident #9 and #19's medication to both residents. At 02:05pm, the Administrator stated that "the residents have the other two bathrooms to use". The Administrator agreed that the grounds need to be cleaned up and the sidewalk needed fixing. The Administrator stated that Staff C did not inform the Administrator that Resident #9 and #19 did not take their noon medications. The Administrator stated "no" when asked if Resident #9 and #19's Health Care Providers and Responsible Parties were notified that the residents did not take their prescribed	{A 079}		

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{A 079}	Continued From page 9 medications. At 12:41pm, the Administrator stated that Resident #14 "needed a higher level of care" but the resident was "hard to place because of [the resident's age] and income" level. The Administrator stated that Resident #14 had declined and agreed that the resident was "not independent with all activities of daily living and required assistance". The Administrator stated that Resident #14 had an unsteady gait and drank water continuously, which made the resident's "[redacted] and [redacted] levels severely low". At 03:00pm, the Administrator stated that the residents watch television and do their own thing when questioned in regards to the types of activities were provided to the residents. The Administrator stated that there was no activity calendar posted. Due to failing to meet the needs of resident admitted into the Facility and terms of resident's contracts, the Facility must immediately increase and provide a staffing level greater than the minimum required staffing levels. Class II	{A 079}		