STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLSPRINGS RESIDENCE	**700 E WELCH RD** **APOPKA, FL 32712**

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to a biennial survey was conducted at Wellsprings Residence on . Deficiencies were identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure an interdisciplinary care plan was developed and implemented when 1 of 2 sampled residents (#8) was admitted to hospice.

Findings:

Resident #8's record revealed she was admitted to hospice services on . Her record nor the hospice record contained an interdisciplinary care plan, as required.

On at 11:15 a.m. the administrator provided a care plan however, it was dated the day of the revisit.

Photographic evidence obtained.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record reviews and interview, the facility failed to ensure the Medication Observation Record (MOR) for 1 of 4 sampled residents (#1) was properly updated.

Findings:

Resident #1's current 1823 health assessment form, dated , indicated that she requires assistance with self-administration of medications.

Review of her MOR revealed that on both her and were

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R **08/07/2019**
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

not signed as given. The MOR nor her record contained documentation to indicate why.

On at 12:33 p.m. the administrator confirmed the finding and was unable to provide additional documentation.

Photographic evidence obtained.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews and interview, the facility failed to ensure 1 of 2 sampled staff (C) submitted a written statement from a health care provider documenting freedom from communicable within 30 days after beginning employment.

Findings:

Caregiver C was hired on . Her personnel record did not contain a written statement from a health care provider documenting freedom from communicable , as required.

On at 12:34 p.m. the administrator confirmed the finding and was unable to provide additional documentation.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on personnel record reviews, and interview, the facility failed to ensure that 2 of 3 sampled staff (C and F) received the required in-service training as described in 58A-5.0191( ) FAC.

Findings:

Caregiver C was hired on . Her personnel record contained documentation of a 2-hour preservice orientation, dated .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968599	R 08/07/2019
NAME OF PROVIDER OR SUPPLIER **WELLSPRINGS RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 E WELCH RD** **APOPKA, FL 32712**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Caregiver F was hired on . . . . . Her personnel record contained documentation of a 2-hour preservice orientation, dated .

However, neither of their trainings was signed by the administrator, as required.

On at 12:10 p.m. the administrator confirmed the findings and was unable to provide additional documentation.

Photographic evidence obtained.

Class III