

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966698	(X3) DATE SURVEY COMPLETED 10/04/2013
NAME OF PROVIDER OR SUPPLIER Wellspring Assisted Living Facility	STREET ADDRESS, CITY, STATE, ZIP CODE 37815 15th Ave West Zephyrhills, FL 33542	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

A complaint survey, CCR# 2013010195, was conducted from [redacted] through [redacted].

The Wellspring, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview and record review, the facility failed to protect the right of being treated with respect and dignity to one of seven residents interviewed (resident #1).

- On [redacted] at 11:21 a.m. Resident #1 was interviewed. Resident #1 stated he stole \$100.00 from another resident to purchase a cell phone in late [redacted] of 2013. Resident #1 stated after the facility discovered he stole the money to purchase the phone he threw the phone and the charger for the phone into a retention pond near the facility. Resident #1 stated on [redacted] Staff A asked him to bring the phone back and he told her the phone was in the pond. Resident #1 stated, "Staff A had me go in the retention pond and look for it (the phone). I walked out there she (Staff A) followed me she wanted me to show her which retention pond I threw it (the phone) in. I showed her and then she said, " 'Don't come back unless you find the phone or unless you are willing to do chores to pay him (another resident) back.' " Resident #1 stated he notice Staff A had a pair of goggles in her truck and he asked Staff A if he could borrow the goggles. Resident #1 stated Staff A provided him with the goggles. Resident #1 stated Staff A left him at the pond. Resident #1 stated, "I just followed her (Staff A) orders." Resident #1 added he got in the pond and searched the water for the phone, but was not able to find it. Resident #1 stated the pond water came above his knees on the day he searched the pond ([redacted]). Resident #1 also stated he was surprised he did not get an [redacted].
- On [redacted] at 11:39 a.m. Staff A was interviewed. Staff A confirmed on [redacted] she asked Resident #1 to bring the phone back to the facility. Staff A confirmed Resident #1 told her the phone was in a pond. Staff A confirmed she followed the resident in her truck to the retention pond.

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3. On at 12:45 p.m. An interview was conducted with a local police officer. The police officer stated on he responded to a call regarding a resident swimming in a retention pond. The police officer stated he observed Resident #1 in the retention pond with a pair of goggles on his head, the officer added the resident #1 was wet from head to toe while at the pond. The police officer stated he interviewed Staff A, who admitted to instructing the resident to get into the pond. The officer stated he stands by the statements made in his report.

4. A review of the police report (2013-0007558) revealed on the representatives from the local police responded to a call regarding Resident #1 swimming in a retention pond. Further review of the report revealed the police interviewed Resident #1 on Resident #1 explained Staff A gave Resident #1 a pair of goggles and instructed Resident #1 to, "find the cell phone and don't come back until you do." The reports goes on to states Resident #1 was told if he did not find the phone he would be made to preform manual labor to make up for the lost cell phone he stole to by the phone. Continued review of the police report revealed the following statement, "Made contact with [Staff A], she advised she had instructed [Resident #1] to swim in the pond to find the lost cell phone, further stating it was to, "Teach him [Resident #1] a lesson."

5. A review of the r Resident #1 's facility Progress Notes revealed documentation dated which read, " [After] doing this the staff asked for the phone the prepaid cell phone to be returned he refused so he went down and [throw] the phone in a retention pond." Further Documentation on revealed the following statement, [Resident #1] signed the document (a 45 days ' notice to vacate the facility) also signing a document to do chores to pay the debt of a hundred dollars back by downing (doing) chores around the facility. "

Class II

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on observation and interview the facility failed to ensure a qualified manager was employed at the facility.
(Staff A).

The findings include:

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- On _____ at 11:05 a.m. Staff A was observed working at the facility. She stated she was in charge and that the administrator was not on the property at this time.
- On _____ at 12:21 p.m. the administrator was interviewed. The administrator identified Staff A as the manager of the facility. The administrator stated Staff A took the required Assisted Living Facility (Assisted Living Facility) Core class, but did not pass the competency exam.
- A review of Staff A's job description signed on _____ revealed Staff A the following primary job duties:
 - Manage the overall operations of ALD (Activates of Daily Living) while meeting, or exceeding, federal, state, and local regulations and [the facility] care and service standards.
 - Ensure continued licensure and certification
 - Oversee and monitor resident services to ensure high quality delivery systems.
 - Responsible for the recruitment, selection, retention and termination of all employees in the facility, etc.
- A review of the ALF Core Competency verification website confirmed Staff A did not pass the Core competency test.
- A review of internal records revealed the administrator of this facility supervises one other facility.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an Adverse Incident Report with the Agency for

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Health Care Administration after an event where the police were called to investigate resident #1 swimming in a retention pond on

The findings include:

1. A review of police report 2013-0007558 revealed on : the local police department responded to a complaint related to a Resident #1 swimming in pond. Further review revealed Resident #1 was taken back to the facility and one staff member, Staff A was interviewed related to the incident.
2. at 11:05 a.m. Staff A was interviewed. Staff A stated the facility had not filed and Adverse Incident Report in the past 30 days.
3. On at approximately 1:00 p.m. the owner and administrator were interviewed. The owner and the administrator confirmed the facility did not file and adverse incident report. The administrator stated she did not fill and adverse incident report was necessary. The owner stated the event did not take place on the facility ' s property and the facility did not call the police so they (he and the administrator) did not feel an adverse incident report was necessary.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2013

Administrator
Wellspring Assisted Living Facility
37815 15th Ave West
Zephyrhills, FL 33542

Dear Administrator:

Re: CCR# 2013010195

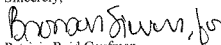
This letter reports the findings of a complaint survey that was conducted on _____, 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wellspring Assisted Living Facility
37815 15th Ave West
Zephyrhills, FL 33542

Dear Administrator:

This letter reports the findings of a complaint survey, CCR# 2013010195, conducted on 1-4, 2013, by a representative of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this mailed report.

The inspection resulted in findings of non-compliance in the following areas:

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Directed Corrective Actions:

1. The Assisted Living Facility is required to appoint a qualified manager in writing and retain a copy of this document on the premises of the facility for Agency review.
2. The Assisted Living Facility is required to provide an update training for all employees related to the rights of the residents as well as , neglect, incident reporting and , neglect and . Maintain training documentation and a list of attendee, which shall be signed by each attendee) in the facility for Agency review.
3. The Assisted Living Facility is required to develop and maintain a policy and procedure for reporting Adverse Incidents to the Agency.
4. The Assisted Living Facility is required to develop and maintain a policy and procedure for protecting the rights of residents and treating residents with respect.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Should you have any questions, please call . Catherine Anne Avery, Survey and Certification
Support Branch, at (850) 412-4505.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Accepted by: _____

Printed Name: _____

Title: _____

Dated: _____

