STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	12/21/2018
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

Assisted Living Facility

A complaint investigation (CCR 2018017176) was conducted at American Well Care on . . . . in conjunction with a revisit to complaint (CCR 2018015386) and a second revisit to an complaint (CCR 2018018062, 2018010932, 2018009947, and 2018009790). American Well Care had deficiencies at the time of the investigation.

(License #10549)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to maintain a written record indicating that residents' family and health care providers were notified of a hospitalization for one (Resident #1) of one resident sampled.

Findings included:

The Administrator was interviewed on at 11:47 AM concerning Resident #1. The Administrator stated that Resident #1's case manager sent them to the hospital on due to the resident's lack of compliance with self-administering of physician ordered medication. The Administrator stated that Resident #1 was taken to the hospital on that date by the local police under the state's .

A review of Resident #1's record on showed no documentation that they had been sent to the hospital on and no indication that Resident #1's family or health care provider were notified of the hospital admission.

The Administrator was interviewed again at 12:06 PM on and they acknowledged that there was no documentation on record concerning Resident #1's hospitalization on .

Class III

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

Based on record review and interview, the facility failed to maintain minimum staffing hours per week for a census of 23 residents.

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

Findings included:

A review of the facility's staffing schedule for the week of 18 showed that 214 hours were scheduled (photographic evidence obtained). The minimum staffing hours required for a resident census of 23 was 253 hours.

The Administrator was interviewed at 12:09 PM on concerning the current staffing hours and they acknowledged that the facility's schedule did not meet the minimum requirements.

Class III

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

Based on record review and interview, the facility failed to have documentation of required training in the subject of providing assistance with the activities of daily living (ADL Training), within 30 days of employment, for two (Staff A ad Staff B) of two employee records sampled for direct care staff. Additionally, the facility failed to provide proof of in-service training regarding the facility's resident elopement response policies and procedures (Elopement Training), within 30 days of employment, for one (Staff A) of two employee records sampled.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of and Staff B had a date of hire of 11/5/18. A review of Staff A and Staff B's personnel records showed no proof of ADL Training. Staff A's file also showed a lack of proof of Elopement Training.

A review of the weekly direct care staffing schedule showed both Staff A and Staff B listed as providing direct care to residents.

The Administrator was interviewed beginning at 12:50 PM on concerning the lack of proof of ADL Training for Staff A and Staff B and the lack of proof of Elopement Training for Staff A. The Administrator acknowledged the lack of required training for Staff A and Staff B.

Class III