

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/28/2020</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAVANNAH COURT OF LAKE LAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6550 N SCORUM LOOP ROAD<br/>LAKE LAND, FL 33809</b> |                                                                                                                          |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                               | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                                  | Initial Comments<br><br>A re-licensure (biennial) survey was conducted at Savannah Court of Lakeland on ..... The provider had deficiencies at the time of the visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A 000                                                                                           |                                                                                                                          |  |                                                        |
| A 081<br>SS=D                                                          | 59A-36.011( ) FAC Training - Staff In-Service<br><br>(2) STAFF PRESERVICE ORIENTATION.<br>(a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).<br>(b) New staff must complete the preservice orientation prior to interacting with residents.<br>(c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record.<br>(d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover:<br>1. Resident's rights; and,<br>2. The facility's license type and services offered by the facility.<br>(3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff:<br>(a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in ..... control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its ..... control policies and procedures when offering this training. Documentation of | A 081                                                                                           |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/28/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SAVANNAH COURT OF LAKELAND**

**6550 N SCORUM LOOP ROAD  
LAKELAND, FL 33809**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 081                    | <p>Continued From page 1</p> <p>compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne requirement, may be used to meet this requirement.</p> <p>(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Reporting adverse incidents.</li> <li>2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.</li> </ol> <p>(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident rights in an assisted living facility.</li> <li>2. Recognizing and reporting resident neglect, and . The facility must use its prevention policies and procedures when offering this training.</li> </ol> <p>(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:</p> <ol style="list-style-type: none"> <li>1. Resident behavior and needs.</li> <li>2. Providing assistance with the activities of daily living.</li> </ol> <p>(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.</p> <p>(f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty</p> | A 081               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 081                                                                  | <p>Continued From page 2</p> <p>(30) days of employment.</p> <p>1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.</p> <p>2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to ensure that staff providing direct care and services to the residents received all the required training within 30 days of employment for 3 (Staff A, Staff B and Staff C) of 3 employees sampled.</p> <p>Findings Included:</p> <p>A review of Staff A's record was conducted on ..... Staff A began employment with the facility on ..... and was working in the facility on ..... Staff A's record was missing evidence of having a pre-service orientation and control training prior to interacting with residents. Staff A's record also was missing evidence of having taken the following in-service training: 3 hours of activities of daily living (ADL) and behavioral needs, elopement training, reporting major and adverse incidents, facility emergency plan training, resident rights in an assisted living facility, reporting ..... and neglect, and nutritional and safe food handling.</p> <p>A review of Staff B's record was conducted on ..... Staff B began employment with the facility on ..... Staff B was listed on the weekly staff schedule for the week of ..... to ..... Staff B's record was missing the required 3-hour in-service training for ADL and behavioral</p> | A 081                                                                          |                                                                                                                          |                          |                                                        |

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| A 081                                                                 | Continued From page 3<br><br>needs.<br><br>A review of Staff C's record was conducted on . Staff C began employment with the facility on . Staff C was listed on the weekly staff schedule for the week of to . Staff C's record was missing evidence of having a pre-service orientation and had only 1 hour of evidence of the required 3-hour in-service training for ADL and behavioral needs and was missing the in-service training for the facility emergency plan training and reporting major and adverse incidents.<br><br>In an interview with the Administrator at 2:50pm, she stated she was aware that Staff A's record was missing quite a lot of information, practically everything, and she did not know that Staff B's and Staff C's records were missing evidence of having taken all of the required in-service training.<br><br>Class III | A 081                                                                          |                                                                                                                          |                          |                                                        |
| A 082<br>SS=D                                                         | 59A-36.011(4) FAC Training - /<br>(4)<br><br>( / ). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule.                                                                                                                                                                                                                                                                                                                                                               | A 082                                                                          |                                                                                                                          |                          |                                                        |

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| A 082                    | Continued From page 4<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility<br>failed to ensure that 1 of 4 staff, whose records<br>were reviewed (Staff A), received training on<br>_____<br>_____.<br><br>Findings Included:<br><br>A review of Staff A's record was conducted on<br>_____. Staff A began employment with the<br>facility on _____ and was working in the facility on<br>2/28/20. Staff A's record was missing<br>documentational evidence of having taken any<br>training on _____.<br><br>In an interview with the Administrator at 2:50pm,<br>she stated she was aware that Staff A's record<br>was missing quite a lot of information, practically<br>everything.<br><br>Class III | A 082               |                                                                                                                          |                          |
| A 084<br>SS=D            | 59A-36.011(6) FAC 429.52(6), FS Training -<br>Assis Self-Admin Meds & Med Mgmt<br><br>59A-36.011<br>(6) ASSISTANCE WITH THE<br>SELF-ADMINISTRATION OF MEDICATION AND<br>MEDICATION MANAGEMENT. Unlicensed<br>persons who will be providing assistance with the<br>self-administration of medications as described in<br>rule 59A-36.008, F.A.C., must meet the training<br>requirements pursuant to section 429.52(6), F.S.,<br>prior to assuming this responsibility. Courses<br>provided in fulfillment of this requirement must<br>meet the following criteria:<br>(a) Training must cover state law and rule<br>requirements with respect to the supervision,                                                                                                | A 084               |                                                                                                                          |                          |

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| A 084                                                                 | Continued From page 5<br><br>assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for _____ control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.<br>(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:<br>1. Read and understand a prescription label;<br>2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:<br>a. Assist with oral dosage forms, _____ dosage forms, and _____ and _____ dosage forms;<br>b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;<br>c. Recognize the need to obtain clarification of an "as needed" prescription order;<br>d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration | A 084                                                                                          |                                                                                                                          |  |                                                        |

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| A 084                                                                 | Continued From page 6<br><br>of such orders;<br>e. Complete a medication observation record;<br>f. Retrieve and store medication;<br>g. Recognize the general signs of adverse<br>reactions to medications and report such<br>reactions;<br>h. Assist residents with _____ syringes that are<br>prefilled with the proper dosage by a pharmacist<br>and _____ that are prefilled by the<br>manufacturer by taking the medication, in its<br>previously dispensed, properly labeled container,<br>from where it is stored, and bringing it to the<br>resident for self-injection;<br>i. Assist with _____;<br>j. Use a _____ to perform _____<br>testing;<br>k. Assist residents with _____<br>and continuous positive airway pressure (CPAP)<br>devices, excluding the titration of the _____<br>levels;<br>l. Apply and remove _____ stockings and<br>hosiery;<br>m. Placement and removal of _____ bags,<br>excluding the removal of the _____ or<br>manipulation of the _____ site; and,<br>n. Measurement of _____ rate,<br>temperature, and _____ rate.<br>(c) Unlicensed persons, as defined in section<br>429.256(1)(b), F.S., who provide assistance with<br>self-administered medications and have<br>successfully completed the initial 6 hour training,<br>must obtain, annually, a minimum of 2 hours of<br>continuing education training on providing<br>assistance with self-administered medications<br>and safe medication practices in an assisted<br>living facility. The 2 hours of continuing education<br>training may be provided online.<br>(d) Trained unlicensed staff who, prior to the<br>effective date of this rule, assist with the | A 084                                                                          |                                                                                                                          |                          |                                                        |

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| A 084                                                                  | <p>Continued From page 7</p> <p>self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n.</p> <p>429.52<br/>(6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, a licensed pharmacist, or agency staff. The agency shall establish by rule the minimum requirements of this additional training.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that unlicensed staff, who assist residents with medication self-administration, meet the minimum required training standards for performing that job duty for 1 of 2 staff members who were designated as Medication Technicians (Med Techs) and whose records were reviewed (Staff C).</p> <p>Findings Included:</p> <p>A review of Staff C's record was conducted on . . . . . Staff C began employment with the facility on . . . . . Staff C was listed on the weekly staff schedule for the week of . . . . . to . . . . ., designated as a Medication Technician (Med Tech). Staff C's record did not contain any evidence of having taken the required training for</p> | A 084                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11965678</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/28/2020</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SAVANNAH COURT OF LAKELAND**

**6550 N SCORUM LOOP ROAD  
LAKELAND, FL 33809**

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| A 084                    | Continued From page 8<br><br>unlicensed staff who provide assistance with the self-administration of medications. (Photographic evidence obtained.)<br><br>In an interview with the Administrator at 2:50pm, she stated she did not know that Staff C was missing evidence of having taken the required Med Tech training.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A 084               |                                                                                                                          |                          |
| A 090<br>SS=D            | 59A-36.011(11) FAC Training -<br>-----<br>(11) -----<br>TRAINING.<br>(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding<br>(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.<br>(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the facility failed to ensure that 1 of 4 staff involved with resident admissions, whose records were reviewed (Staff A), received at least 1 hour of training on the facility's policies and procedures regarding ( ) within 30 days of employment. | A 090               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 090                    | Continued From page 9<br><br>Findings Included:<br><br>A review of Staff A's record was conducted on . Staff A began employment with the facility on ..... and was working in the facility on 2/28/20. Staff A's record was missing documentational evidence of having taken any training on the facility's policy and procedures.<br><br>In an interview with the Administrator at 2:50pm, she stated she was aware that Staff A's record was missing quite a lot of information, practically everything.<br><br>Class III                                                                                                                                                                                                                                                         | A 090               |                                                                                                                          |                          |
| A 161<br>SS=D            | 429.275(2) FS; 59A-36.015(2) FAC Records - Staff<br><br>429.275<br>(2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule.<br><br>59A-36.015<br>(2) STAFF RECORDS.<br>(a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable | A 161               |                                                                                                                          |                          |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SAVANNAH COURT OF LAKE LAND</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6550 N SCORUM LOOP ROAD<br/>LAKE LAND, FL 33809</b>                          |  |                                                        |
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| A 161                                                                  | <p>Continued From page 10</p> <p>..... In addition, records must contain the following, as applicable:</p> <ol style="list-style-type: none"> <li>1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C.,</li> <li>2. Copies of all licenses or certifications for all staff providing services that require licensing or certification,</li> <li>3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C.,</li> <li>4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C.,</li> <li>5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C.</li> </ol> <p>(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity _____ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C.</p> <p>(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C.</p> <p>This Statute or Rule is not met as evidenced by: Based on records review and interview, the facility failed to maintain personnel records for each staff that contained an employment application with references, and a job description, for 1 of 4 staff whose records were reviewed</p> | A 161                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|
| A 161                    | <p>Continued From page 11</p> <p>(Staff A).</p> <p>Findings included:</p> <p>A review of Staff A's record was conducted on . . . . . Staff A began employment with the facility on . . . . . and was working in the facility on . . . . . The record review revealed that Staff A did not have an application with references, or a job description, on file.</p> <p>In an interview with Staff A at 1:20pm . . . . . she stated that she worked in the facility as a resident care assistant.</p> <p>In an interview with the Administrator at 2:50pm on . . . . ., she stated she was aware that Staff A's record was missing quite a lot of information, practically everything.</p> <p>Class III</p> | A 161               |                                                                                                                          |                          |