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
	AL11964808	A. BUILDING: _____ B. WING _____	10/28/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COTTAGE OF OVIEDO	445 ALEXANDRIA BLVD. OVIEDO, FL 32765

(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 Complaint Investigations 2020002836 and 2887 were conducted at Savannah Cottage of Oviedo on . Deficiencies were identified at the time of the investigations.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule	A 025		

Agency for Health Care Administration

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A 025	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide adequate supervision and failed to follow health care provider's orders for , , , , ( ) and , , ( ) when 1 of 2 sampled residents (#1) experienced multiple . Findings: Review of resident #1's record revealed she was admitted on and her diagnoses included . A facility note, dated , indicated that she was seen on her bedroom floor next to her bed. She sustained a to her left . She was	A 025		

Agency for Health Care Administration

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A 025	Continued From page 2 encouraged to use the call cord for assistance and both the cord, and her wheelchair were placed within her reach. A health care provider's (HCP) order, dated , was for and . A HCP's order, dated , was for and for strengthening. A facility note, dated , indicated her alarm sounded and she was observed lying supine on the floor next to her bed. A facility note, dated , indicated her alarm sounded and staff found her wrapped in a blanket and sitting on the floor next to her wheelchair. Would monitor closely. A facility note, dated , indicated that her bed alarm sounded, and she was observed on the floor next to her bed and wheelchair, trying to go to the bathroom. She sustained a . A facility note, dated , indicated she called for help and was found sitting on the floor next to her bed. A facility note, dated , indicated that her bed alarm sounded, and she was found trying to put herself in the wheelchair and slid off the chair and onto the floor. A facility note, dated , indicated she was observed on the floor by staff while conducting rounds. She had a cut on the right side of her and a on her right and both . She was sent to the hospital and returned the same day.	A 025		

Agency for Health Care Administration

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A 025	Continued From page 3 A HCP's order, dated . , was for and and a taller high- wheelchair. An note, dated , indicated an evaluation was conducted. A note, dated . . . . , indicated an evaluation was conducted. A HCP's order, dated , was for and . . A HCP's order, dated . . . . . , was for and . Resident #1 experienced 7 since her admission to the facility. In addition, review of the resident's record and home health records revealed no documented evidence to indicate and was provided, as ordered by a HCP, on . . . . . , ... , ... and . . . . . and no documentation to indicate why. At 4:30 p.m. on both the director of nursing and the memory care manager confirmed the findings and despite being given the opportunity to provide additional documentation to indicate and were provided, neither of them was able to do so. Class III	A 025		
A1300 SS=D	Dem Emerg Order 2009 Visitation 1. Every facility must continue to prohibit the entry of any individual to the facility except in the following circumstances listed below within this Section. All facilities must require any individual who is entering the facility and who will have	A1300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A1300	Continued From page 4	A1300		

physical contact with any resident to wear PPE pursuant to the most recent CDC guidelines. Persons without physical contact with any resident must wear a mask.

A. Family members, friends, and individuals visiting residents in end-of-life situations only;

B. Hospice or care workers caring for residents in end-of-life situations;

C. Any individuals or providers giving necessary health care to a resident, provided that such individuals or providers (1) comply with the most recent Centers for Control and Prevention (CDC) requirements for PPE, (2) are screened for signs and symptoms of COVID-19 prior to entry, and (3) comply with the most recent control requirements of the CDC and the facility;

D. Facility staff;

E. Facility residents;

F. Attorneys of Record for a resident in an Adult Mental Health and Treatment Facility or forensic facility for court related matters if virtual or telephonic means are unavailable;

G. Public Guardians as set forth in chapter 744, Florida Statutes, Professional Guardians as defined by subsection 744.102(17), Florida Statutes and their professional staff pursuant to subsection 744.361(14), Florida Statutes;

H. Representatives of the federal or state government seeking entry as part of his or her official duties, including, but not limited to, Long-Term Care Ombudsman program, representatives of the Department of Children and Families, the Department of Health, the Department of Elderly Affairs, the Agency for Health Care Administration, the Agency for Persons with , a protection and advocacy organization under 42 U.S.C. §15041, the Office of the Attorney General, any law

Agency for Health Care Administration

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A1300	Continued From page 5	A1300		

enforcement officer, and any emergency medical personnel;

I. Essential caregivers and compassionate care visitors who meet the following definitions and satisfy the following criteria:

i. Essential caregivers are those who have been given consent by the resident or his or her representative to provide services and/or assistance with activities of daily living to help maintain or improve the quality of care or quality of life for a facility resident. Essential caregivers include persons who provided services before the pandemic and those who request to provide services.

1. Care or services provided by essential caregivers must be identified in the plan of care or service plan and may include bathing, [illegible] eating, and/or emotional support.

ii. Compassionate care visitors provide emotional support to help a resident deal with a difficult transition or loss, upsetting event, or end-of-life. Compassionate care visitors may be allowed entry into facilities on a limited basis for these specific purposes.

iii. Each resident or his or her representative may designate up to two (2) essential caregivers and up to two (2) compassionate care visitors. Other than in end-of-life situations, a resident may be visited by one (1) such visitor at a time; however, an intermediate care facility or Agency for Persons with [illegible] licensed foster-care or group home facility may allow up to two (2) such visitors at a time.

. Regarding essential caregivers and compassionate care visitors, the facility shall:

1. Establish policies and procedures for designation and utilizations of essential caregivers and compassionate care visitors.

2. Set a limit on the total number of

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A1300	Continued From page 6	A1300		

visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation.

3. Develop an agreeable schedule in concert with the resident and visitor, including evening and weekends, to accommodate work or childcare barriers.

4. Provide prevention and control training, including training on proper use of personal protective equipment (PPE), hygiene, and social distancing.

5. Designate key staff to support prevention and control training.

6. Screen general visitors to prevent possible introduction of COVID-19;

7. Maintain a visitor log for signing in and out.

8. Prohibit visits, except for compassionate care visits, if the resident is or if the resident is positive for or shows symptoms of COVID-19.

9. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing.

10. After attempts to mitigate concerns, restrict or revoke visitation if the essential caregiver or compassionate care visitor fails to follow prevention and control requirements or other COVID-19-related rules of the facility.

v. Essential caregivers and compassionate care visitors shall:

1. Wear a surgical mask and other PPE as appropriate. PPE for essential caregivers and compassionate care visitors must be consistent with the most recent CDC guidance for health care workers.

2. Participate in facility-provided training on prevention and control, use of PPE, use of masks, sanitation, and social

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
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A1300	Continued From page 7	A1300		

distancing, and sign acknowledgement of completion of training and adherence to the facility's [illegible] prevention and control policies.

3. Comply with facility-provided COVID-19 testing, if offered;

4. Provide care or visit in the resident's room or in facility designated areas within the building.

5. Maintain social distance of at least six with staff and other residents and limit movement in the facility.

vi. The facility may require essential caregivers and compassionate care visitors to submit to facility-provided COVID-19 testing so long as use of testing is based on the most recent CDC and U.S. Food and Drug Administration (FDA) guidance.

J. General visitors, i.e. individuals other than essential caregivers or compassionate care visitors, under the criteria detailed below.

i. To accept general visitors, the facility must meet the following criteria:

1. Other than in a dedicated wing or unit that accepts COVID-19 cases from the community, the facility must have no new facility-onset of resident COVID-19 cases in the previous fourteen (14) days;

2. The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test;

3. Sufficient staff to support management of visitors;

4. Adequate PPE for staff, at a minimum;

5. Adequate cleaning and [illegible] supplies; and

6. Adequate capacity at referral

Agency for Health Care Administration

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A1300	Continued From page 8	A1300		

hospitals for the facility.

ii. General visitors must:

1. Be eighteen (18) years of age or older;

2. Wear a mask and perform proper hygiene;

3. Sign a consent form noting understanding of the facility's visitation and prevention and control policies;

4. Comply with facility-provided COVID-19 testing, if offered;

5. Visit in a resident's room or other facility-designated area; and

6. Maintain social distance of at least six with staff and residents, and limit movement in the facility.

iii. Before allowing general visitors, the facility shall:

1. Prohibit visitation if the resident receiving general visitors is , positive for COVID-19 and not recovered (as defined by most recent CDC guidance), or for COVID-19;

2. Screen general visitors to prevent possible introduction of COVID-19;

3. Establish limits on the total number of visitors allowed in the facility based on the ability of staff to safely screen and monitor visitation, including limits on the length of visits, days, hours and number of visits per week;

4. Schedule visitors by only;

5. Maintain a visitor log for signing in and out;

6. Immediately cease general visitation if a resident-other than in a dedicated wing or unit that accepts COVID-19 cases from the community-tests positive for COVID-19, or is exhibiting symptoms indicating that he or she is

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A1300	Continued From page 9 presumptively positive for COVID-19, or a staff person who was in the facility in the ten (10) days prior tests positive for COVID-19; 7. Monitor visitor adherence to appropriate use of masks, PPE, and social distancing; 8. Notify and inform residents and their representatives of any changes in the facility's visitation policy; 9. Clean and visiting areas between visitors and maintain handwashing or sanitation stations; and 10. Designate staff to support -prevention and control education of visitors on use of PPE, use of masks, sanitation, and social distancing. . Facilities allowing general visitation shall enable general visitation as described in either or both paragraphs 1 and 2 below: 1. Provide outdoor visitation spaces that are protected from weather elements, such as porches, courtyards, patios, or other covered areas that are protected from heat and sun, with cooling devices if needed. 2. Create indoor visitation spaces for residents in a room that is not accessible by other residents, or in the resident's private room if the resident is bedbound and for health reasons cannot leave his or her room. v. Each resident or his or her representative may designate up to five (5) general visitors. A resident may be visited by no more than two (2) general visitors at a time. vi. Each facility may require general visitors to submit to facility provided COVID-19 testing so long as use of testing is based on the most recent CDC and FDA guidance. K. Barbers and beauty salons may resume services to residents with the following	A1300		

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A1300	Continued From page 10 precautions: i. Services are permissible only if: 1. Other than in a dedicated wing or unit that accepts COVID-19 cases, the facility has had no new facility onset of resident COVID-19 cases in the previous fourteen (14) days; and 2. Fourteen (14) days have passed with no new staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test. ii. Barbers and salon staff must wear surgical masks, gloves, practice hygiene, and follow the same requirements as essential caregivers; iii. Waiting customers must follow social distancing guidelines; . Residents receiving services must wear masks; v. Services are only provided to facility residents, not outside clients or guests; vi. Services may not be provided to a resident who tests positive for COVID-19 or is exhibiting symptoms indicating that he or she is presumptively positive for COVID-19; and vii. Service and salon areas must be properly cleaned and , and equipment must be sanitized between residents. 2. Individuals seeking entry to the facility, under the above section 1, will not be allowed to enter if they meet any of the screening criteria listed below: A. Any person with COVID-19 who does not meet the most recent criteria from the CDC to end , B. Any person showing, presenting signs or symptoms of, or disclosing the presence of a , , , including , , , chills, ,	A1300		

Agency for Health Care Administration

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A1300	Continued From page 11 , , repeated shaking with chills, new loss of taste or smell, or any other COVID-19 symptoms identified by the CDC. C. Any person who has been in contact with any person(s) known to be with COVID-19, who does not meet the most recent criteria from the CDC to end isolation. 3. Residents leaving the facility temporarily for medical , , or other activities, and residents receiving visits from health care providers, must wear a mask, if tolerated by the resident's condition. All residents must be screened upon return to the facility. , protection should also be encouraged. , , should be scheduled through the facility or group home to ensure proper screening and adherence to control measures. 4. All visitors must immediately inform the facility if they develop a or symptoms consistent with COVID-19, or test positive for COVID-19 within fourteen (14) days of a visit to the facility. 5. Documentation showing compliance with the following requirements must be kept for all visitation within a facility: A. Individuals entering a facility must be screened. To achieve this purpose, a facility may use a standardized questionnaire or other form of documentation. B. The facility is required to maintain documentation of all non-resident individuals entering the facility. The documentation must contain: i. Name of the individual entering the facility; ii. Date and time of entry; and iii. The screening mechanism used by the	A1300		

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A1300	Continued From page 12	A1300		

facility to conclude that the individual did not meet any of the enumerated screening criteria. This documentation must include the screening employee's printed name and signature.

This Statute or Rule is not met as evidenced by:
Based on observation, record reviews and interviews, the facility failed to safe guard 18 resident's well-being by failing to follow Florida Governor's emergency orders DEM Order 20-011, dated [redacted], delineating that general visitors must be screened to prevent possible introduction of COVID-19 and must sign an acknowledgement form noting receipt and understanding of the facility's visitation and prevention and control policies and it failed to create a visitation policy.

Findings:

At 10:45 a.m. on [redacted], a request was made to review the facility's visitation policy.

At 11:10 a.m. on [redacted], the director of nursing (DON) was unable to provide a visitation policy and said one was being created based on the current emergency order.

At 11:45 a.m. on [redacted], a man was seen entering the facility then walking down "A" hallway where resident rooms were located. Both the DON and memory care supervisor were present, identified the visitor as resident #2's family member and said he visited often. A request was made to review documented evidence of Covid screening, and the acknowledgement form signed by the visitor.

Review of the facility's Covid screening tool located at the entrance to the facility revealed that

Agency for Health Care Administration

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A1300	Continued From page 13 resident #2's visitor did not complete the screening. At 2:50 p.m. on , the memory care supervisor provided a Covid test result for the visitor and said it was the only document the facility had for him. Class III	A1300		