

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH GRAND OF MAITLAND

**740 NORTH WYMORE ROAD
MAITLAND, FL 32751**

(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 A Complaint Investigations 2020012787, 17046 and an _____ control monitoring were conducted at Savannah Grand of Maitland on _____ and _____. The facility had a deficiency at the time of the survey.	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	A 025		

AHCA Form 3020-0001

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

TITLE

(X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751		
(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 025	Continued From page 1 resident diets in accordance with rule 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 care and services to the meet the resident's needs by failing to follow a health care provider's order for 1 of 6 sampled residents (#2), by failing to ensure medical treatment was obtained in a timely manner for 1 of 6 sampled residents (#2) who exhibited a change in condition and by failing to document in the record of 1 of 6 sampled residents (#1) who suffered a with an injury. Findings: 1. Review of resident #2's 1823 health	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/20/2021
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751		
(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 025	Continued From page 2 assessment form, dated _____, revealed documentation that indicated the resident had a _____ on both her right and left _____ and an order to apply _____ to the _____. However, review of the resident's record and _____ and _____ Medication Observation Records (MORs) revealed there was no documentation to indicate the _____ was ever applied. At 11:30 a.m. on _____, the director of nursing (DON) confirmed the findings and was unable to provide any documentation to indicate the treatment was applied, as prescribed. In addition, a facility note, dated _____ at 9:30 a.m., indicated resident #2 was very _____, screaming out and refusing care. A health care provider was called but the facility did not receive a response. A facility note, dated _____ at 8:34 a.m., indicated the health care provider's office was called and a message was left with a nurse for a return call from the health care provider. A facility note, dated _____ at 1 p.m., indicated the health care provider did not respond so the resident was sent to the hospital for a _____ and the inability to stand to receive care. At 9:33 a.m. on _____, the lead caregiver, who said it was her who wrote the facility notes, said she informed the administrator of the resident's decline and since she herself was not a nurse, she felt she could not make the decision to send the resident to the hospital when a health care provider could not be reached. At 11:20 a.m. on _____, the administrator said	A 025			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/20/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH GRAND OF MAITLAND

**740 NORTH WYMORE ROAD
MAITLAND, FL 32751**

(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 025	Continued From page 3 she could not recall the details regarding her knowledge of the resident's change in condition and said if the staff were unable to reach the health care provider for further instructions, the resident should have been sent to the hospital. 2. At 10:27 a.m. on _____, resident #1 said she had _____ and sustained a _____ on her right arm. She was unable to provide a date. Review of the resident's record revealed there was no documentation of the _____. At 11:08 a.m. on _____, the nurse who was the interim DON at the time of the _____, confirmed a _____ occurred on _____ that resulted in the resident sustaining a _____ on her arm and said if there was no documentation in the resident's record then there would be a facility incident report. At 11:15 a.m. on _____, the lead caregiver, who also reviewed the resident's record for documentation of the _____, said she could not locate an incident report or any additional documentation of the _____. Class III	A 025		