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
	AL11953679	A. BUILDING: _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH GRAND OF SARASOTA	7130 BENEVA ROAD SARASOTA, FL 34238

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the employment status of all employees on the facility roster and report any changes of status within 10 business days for 3 (Staff A, B, and D) of 4 staff members reviewed for the Background Screening Clearinghouse, pursuant to Chapter #435. This has the potential for staff with disqualifying offenses to have	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 access to . . . . . adults. The findings included: Record review revealed Medication Technician (Med Tech) Staff A, was hired . Review of the facility roster revealed Staff A was added onto the roster on . Record review revealed staff B, Med Tech, was hired . . . . . . Review of the facility roster revealed staff A was added on the roster on . . . . . . Record review revealed Staff D was hired . . . as Resident Relations Coordinator (currently promoted to Executive Director). Review of the facility roster revealed Staff D was added on the roster on . . . . . . The Administrator acknowledged the findings on at 1:35 p.m. Unclassified	CZ814		

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A 000	Initial Comments An unannounced Biennial, Complaint #2020018640, Focused . . . . . Control and Emergency Power Plan monitoring survey was conducted on . . . . . through . . . . . at Savannah Grand of Sarasota, an assisted living facility in Sarasota, Florida. The following is description of the deficiencies.	A 000		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care	A 078		

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A 078	Continued From page 1 provider indicating that the individual does not constitute a risk of transmitting a communicable . . . . . . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that within 30 days of employment, staff submit a written statement	A 078		

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A 078	Continued From page 2 from a health care provider documenting the individual is free from signs/symptoms of communicable . . . . . and evidence of a negative examination documented annually thereafter for 2 (Staff A and C) of 4 employee records reviewed. The findings included: Staff A's employee file revealed a hire date of . . . . . as a medication technician (med tech). Staff A's file contained documentation of a negative . . . . . test and a statement indicating Staff A was free of signs and symptoms of communicable . . . . . dated . . . . . Staff A's file contained no further evidence of free from communicable . . . . . statement annually thereafter. Staff C's filed revealed a hire date of as a Med Tech. Staff C's filed contained no documentation of a written statements from a health care provider indicating Staff C was free from signs and symptoms of communicable . . . . . . On . . . . at 12:28 p.m., the Executive Director confirmed she had no further annual free from communicable . . . . . statements for Staff A, and Staff C had no statement from a health care provider. Class III	A 078		
A 083	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . . . . . ( ). A staff member who has completed courses in First Aid and . . and	A 083		

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A 083	Continued From page 3 holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a staff member who has completed a course in -,) and first aid and holds a currently valid card is in the facility at all times for 3 (Staff A, B and C) of 4 employee records reviewed. The findings included: Staff A's employee file revealed a hire date of as a medication technician (med tech). Staff A's file contained no documentation of a current, and First Aid card. Staff B's employee file revealed a hire date of as a med tech. Staff B's file contained no documentation of a current, and First Aid	A 083		

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A 083	Continued From page 4 card. Staff C's employee file revealed a hire date of as a med tech. Staff C's file contained no documentation of a current, . and First Aid card. On at 3:30 p.m., the Executive Director confirmed Staff A, B, and C had no documentation of and first aid on file and will set up a class for the employees. Class III	A 083		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, 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	A 084		

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A 084	Continued From page 5	A 084		

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.
(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:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
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 of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the

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A 084	Continued From page 6 manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with [illegible]; j. Use a [illegible] to perform [illegible] testing; k. Assist residents with [illegible] and continuous positive airway pressure (CPAP) devices, excluding the titration of the [illegible] levels; l. Apply and remove [illegible] stockings and hosiery; m. Placement and removal of [illegible] bags, excluding the removal of the [illegible], or manipulation of the [illegible] site; and, n. Measurement of [illegible] rate, temperature, and [illegible] rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the 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.	A 084		

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A 084	Continued From page 7 429.52 (6) Staff 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 or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to ensure unlicensed persons who provide assistance with self-administration of medications complete and obtain an initial 6 hour training education on providing assistance with self-administered medications for 2 (Staff B, C) of 3 staff records reviewed. The findings included: Staff B's employee file revealed a hire date of as a medication technician (med tech). Staff B's file contained documentation of completing 2 hours of continuing education for assistance with self-administration of medications, Staff B's file contained no documentation of completing an initial 6 hour training for assistance with self-administration of medications. Staff C's employee file revealed a hire date of as a med tech. Staff C's file contained documentation of completing 2 hours of continuing educations for assistance with self-administration of medications. Staff C's file contained no documentation of completing an initial 6 hour training for assistance with self-administration of medications.	A 084		

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A 084	Continued From page 8 On at 3:30 p.m., the Executive Director confirmed there is no documentation of completion of the initial 6 hour education of assistance with self-administration of medications in the employees, she stated she thought the staff all did the class together. Class III	A 084		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must	A 093		

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A 093	Continued From page 9 serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable	A 093		

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A 093	Continued From page 10 residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of . . . . . the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . . . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on . . at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on resident and staff interviews and record	A 093		

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A 093	Continued From page 11	A 093		

review the facility failed to ensure the planned menus are posted or easily available to the residents. The facility failed to ensure they followed menus completed and signed by the Registered Dietitian (RD) to ensure the meals met the current USDA Dietary Guidelines and the Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies.

The findings included:

On . . . . at 11:00 a.m., during an interview with Resident #6, he said he has lived at the facility for several years. He said for the past several months the facility has not posted a menu and they do not know what is on the menu until that day.

On at 12:30 p.m., observation of the lunch meal noted the residents received chicken tortilla soup, pulled pork quesadillas, corn salsa and fruit.

Review of the signed RD weekly menu revealed she had scheduled for the lunch meal; meatloaf, mashed cauliflower, brussels sprouts, bread, margarine and Boston cream pie for dessert.
Review of the Resident Food Order form completed by the lead cook, Staff F revealed the residents received for lunch meal on chicken noodle soup, cordon blue chicken, sweet mash potatoes and for dinner they were served tomato soup, grilled cheese sandwich and fresh fruit side salad. The signed RD menu for noted the residents should have received for lunch roast pork with garlic and rosemary, toasted red potatoes, steamed cabbage, assorted bread and apple cinnamon buckle and for the dinner

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953679	A. BUILDING: _____ B. WING _____	01/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH GRAND OF SARASOTA	7130 BENEVA ROAD SARASOTA, FL 34238

(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 093	Continued From page 12 meal they should have received pasta primavera with chicken, mixed greens salad, assorted breads and seasonal fresh fruit. Review of the meals the residents were served on . . . . and . . . . revealed they were not served the items listed on the menu which was written by the RD. On . . . at 1:00 p.m., in an interview with Staff B, she said the facility had not posted the menu for the past several months. She said when the staff informed residents of the meal that day when they did their morning rounds. On /at 1:30 p.m., in an interview with Staff G, she said she was the relief cook 2 times a week. She said they had not posted the daily menu for the residents for a long time. She said she and the Lead Cook Staff F will plan the meal for the next day, their goal was to serve a balance and nutritious meal. She said they did not follow the weekly menus signed by the RD. They try to give the residents a heavier meal at lunch and a lighter meal for dinner. On at 2:00 p.m., in an interview with the Executive Director (ED) confirmed they had not been posting the menus for the resident's to review. She also said they do not have a system in place which encourages the residents to participate in menu planning. She said they try to give the residents a heavier meal at lunch and a lighter meal for dinner. The ED reviewed the Resident Food Order form and the signed menu by the RD for . . . . and . . . and confirmed they did not match. She said she was unaware the facility cooks were not following the signed RD weekly menus. She said they had not contacted the RD about adjusting the weekly menu to have a lighter meal for dinner to ensure	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953679	A. BUILDING: _____ B. WING _____	01/12/2021

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A 093	Continued From page 13 the meals meet the nutritional standards. On [redacted] at 3:30 p.m., during an interview with Staff F, she said she had been the lead cook for several months. She said each day she determined what the next day's meals are going to be for the residents, and she makes sure the residents get a nutritious and balanced meal each day. She said she documented on the Food Order Form each day the meals she served the residents. She reviewed the Resident Food Order form and the signed menu by the RD for [redacted] and [redacted] and confirmed they did not match. She said she didn't follow the signed weekly menus by the RD and had not informed/contacted the RD they had adjusted the menus, so the residents had a lighter meal for dinner. Class III	A 093		