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
	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 000	Initial Comments A re-licensure and complaint investigation #2021016805 was conducted at Savannah Ct of St Cloud on and . The facility had deficiencies at the time of the investigation.	A 000		
A 008 SS=D	429.26(.) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner's form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner's direct observation of the patient at the time of examination and must include the patient's medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident's admission to or continued residency in the facility. The medical examination form, reflecting the resident's condition on the date the examination is performed, becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon	A 008		

AHCA Form 3020-0001

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

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A 008	Continued From page 1 request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services {CARES} Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or [illegible] nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel	A 008		

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A 008	Continued From page 2	A 008		

shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of [illegible] require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] medical examination completed by a health care practitioner as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 days before or within 30 days after the individual's admission to a facility pursuant to Section 429.26(5), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or [illegible] services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of [illegible], [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff,
7. A statement on the day of the examination that, in the opinion of the examining health care

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A 008	Continued From page 3	A 008		

practitioner, the individual's needs can be met in an assisted living facility; and,
8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care practitioner.
(b) When a health care practitioner conducts a medical examination, the examination must be recorded on the practitioner's form or on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-13531. Faxed or electronic copies of the completed form are acceptable. If AHCA Form 1823 is used, the form must be completed as instructed.
1. If the health care practitioner's form does not include all the examination items on AHCA Form 1823 or if AHCA Form 1823 is not completed fully, then the omitted items may be obtained by the administrator or designee either orally or in writing from the health care practitioner. The missing or omitted information must be obtained and documented in the resident's record within 30 days after the resident's admission to the facility.
2. Omitted or missing information received orally must include the name of the health care practitioner, the name and signature of the administrator or designee recording the information, and the date the information was provided.
(c) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(d) An assessment that has been conducted

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A 008	Continued From page 4 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.26, F.S. and this rule. (e) Any orders issued by the health care practitioner conducting the medical examination for medications, nursing services, treatments, , , or therapeutic diets, may be attached to the health assessment. A health care practitioner may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (f) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure to obtain a completed and accurate health assessment report for 2 of 7 sampled residents (#1 and #4). Findings: Resident record review for resident #1 revealed he was admitted . The health	A 008		

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A 008	Continued From page 5 assessment available for review was dated . There was no evidence to confirm a health assessment was obtained before admission or 30 days after admission to the facility. Resident record review for resident #4 revealed a health assessment report dated , and page 2 -section C did not indicate whether the resident needed 24-hour nursing or psychiatrist care. That portion remained unanswered. In an interview with the administrator on at 3;30 PM, who confirmed the findings. Class III	A 008		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility:	A 010		

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A 010	Continued From page 6 (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is	A 010		

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A 010	Continued From page 7 bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more	A 010		

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A 010	Continued From page 8	A 010		

than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.
(b) A resident requiring care of a , may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the

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A 010	Continued From page 9 qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that as part of the continuing residence criteria it obtain a hospice interdisciplinary plan for 1 of 7 sampled residents (#1) who was under the care of hospice. Findings: During the facility entrance interview on . . . . . resident #1 was identified as receiving hospice care. Resident record review for resident #1 revealed no evidence to confirm that in consultation with the facility, the hospice developed and implemented an interdisciplinary care plan that specified the services being provided by hospice and those being provided by the facility. He was admitted to hospice in . In an interview with the administrator on at 3 PM, who said she had no additional documentation to provide. Class III	A 010		

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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 Resident Care Standards. 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 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	A 025		

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A 025	Continued From page 11 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 review and interview the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention for 1 of 7 sampled residents (#13) and hospice admission to 1 of 7 (# 1). Findings: During the facility entrance interview on resident #1 was identified as receiving hospice care. Resident record review for resident #1 revealed he was admitted to hospice in . The review revealed no written notations regarding the residents' decline in health and subsequent admission to hospice care. Resident record review for resident #13 revealed an Emergency Department (ED) discharge summary dated that indicated diagnosis	A 025		

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A 025	Continued From page 12 of . She was given injection and prescriptions for , , and . Continued record review revealed a health assessment report 1823 dated that listed diagnoses of high , , , , , and . The continued review revealed no written notations regarding the residents change in condition to need an ED visit and notifications to healthcare provider and responsible party. In an interview with the administrator on at 3 PM, who said she had no additional documentation to provide. Class III	A 025		
A 032 SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days.	A 032		

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A 032	Continued From page 13 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility	A 032		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 032	Continued From page 14 must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on facility records review and interview the facility failed to ensure all staff attended the elopement drills. Findings: Review of the facility's elopement drills revealed the drills were conducted on . . . . during 2 PM-10 PM shift, during the 10 PM to 6 AM shift, on . . during the . . . shift and on . . . during the . . . shift. Review of the elopement drills revealed the names of the staff who attended were not listed, instead the number of staff that attended was documented. On . . . . -4 staff attended, on -3 staff attended; on . . staff attended and on . . . - 4 staff attended. Interview on . . . . . at 1:25 PM with staff A, who said she had not attended any elopement drills. She has worked at the facility 6 months. Interview with staff B on at 2:50PM on who said she had not attended any elopement drills. She has worked at the facility over 1 year. Interview on . . . . . at 11:45AM with staff C, who said she had not attended any elopement drills. She has worked at the facility a few months. In an interview with the administrator on at 3 PM who confirmed the findings. Class III	A 032		

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A 034	Continued From page 15	A 034		
A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to develop and implement policies and procedures that included the requirements and methods for assessing the physical condition of assistive devices. "Assistive device" means any device designed or adapted to help a resident perform an action, a task, an activity of daily living, or a transfer; prevent a ; or recover from a . Findings: In an interview with the administrator on at 11 AM who said she needed time	A 034		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 034	Continued From page 16 to locate the policy. On [redacted] she provided for review a bed rails policy, however the policy did not address any other assistive devices to be used by residents or means for assessing the physical condition of said assistive devices and recommendations for repair or replacement for the continuing safety of a resident's assistive device. In an interview with the administrator on [redacted] at 3 PM, who offered no comment. Class III	A 034		
A 052 SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and	A 052		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 052	Continued From page 17 must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable	A 052		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 052	Continued From page 18 route. (c) Administration of medications by way of a tube inserted in a [illegible] of the body. (d) Administration of [illegible] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [illegible], or [illegible] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be [illegible] or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with	A 052		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 052	Continued From page 19 procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or	A 052		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 052	Continued From page 20 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, interviews, and record review the facility failed to ensure that unlicensed staff (A and F) followed the correct procedure when they assisted 2 resident (#15 and 16) with self-administration of medications. Findings: 1. Observations on at 12 PM noted staff A assisted resident #15 with self - administration of medications in the following manner: The resident was asked if he wanted the , before or after lunch. He replied, "Let's get over, let's do it now". She took the container from the medication cart, signed the Medication Observation Record (MOR) brought the medication to where resident and sat and instilled the drops in his . Then returned the medication to the medication cart. Staff A staff did not take the medication, in its	A 052		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 052	Continued From page 21 previously dispensed, properly labeled container to the resident, confirm that the medication was intended for that resident, orally advise the resident of the medication name and dosage, then signed the MOR. 2. Observations on at 12:46 PM noted staff F took the medication from the medication cart, put the medication in a cup, signed the MOR, put the medication . . . in the cart. Told resident #16 "Here you go". The staff did not take the medication, in its previously dispensed, properly labeled container to the resident, in the presence of the resident, open the container, removed a prescribed amount of medication from the container, and close the container. . . . the medication to the resident. Assistance with self-administration of medication include, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. In an interview with the administrator on . . . . . at 3 PM who offered no comment. Class III	A 052		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they	A 056		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 056	Continued From page 22 are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the	A 056		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 056	Continued From page 23 medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.	A 056		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 056	Continued From page 24 This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to ensure it did not store prescription drugs for assistance with self-administration, unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. Findings: Observations on at 12:15 PM of the medication cart noted a bottle of , ac 1% , without a prescription label. In an interview with the administrator at 12:15 PM who confirmed the findings and offered no comment. Class III	A 056		
A 078 SS=D	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	A 078		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 078	Continued From page 25 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 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	A 078		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

(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 078	Continued From page 26 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 interview the facility failed to ensure the personal records for 5 of 5 sampled staff (A, B, C, D and E) contained written statement from a health care provider documenting the staff did not have any signs or symptoms of communicable . . . . . and allowed unlicensed staff to use judgment to administer a medication to 2 of 4 sampled residents (#1 & #3) and allowed 1 of 5 sampled staff to assist with self-administration of medication without having the required training (C). Findings: During the facility entrance interview on . . . . . resident #1 was identified as receiving hospice care and was under crisis care during the survey days. 1. Resident record review for resident #1 revealed a health assessment dated . . . . . that listed diagnoses that included high . . . . . , ... and . . . . . . He needed assistance with self-administration of medications. The . . . . . Medication Observation Record (MOR) listed . . . . . , . . . 0.5 mg one every 4 hours as needed for agitation and was marked as given 6 times from . . . to . . . . . . The entries on the . . . page of MOR indicated the	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

(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 078	Continued From page 27 medication was given on at 6AM, at 10 AM and at 3 PM. In an interview with the administrator on at 3 PM who said resident #1 was not able to determine if he was agitated and request the ; he depended on the staff and identified the staff initials as those of the unlicensed staff. 2. Resident #3 had a health assessment report dated that included diagnoses of and hearing loss. She needed assistance with self- administration of medications. Order dated indicated , 12.5 mg one every 8 hours as needed for agitation. The MOR marked the medication as given daily except on , , . The reason to give was "Resident requested ". The MOR indicated the medication was given on and from to The reason to give was "Resident requested". The 2021MOR indicated the medication was given 0n as "resident requested". Observations of the resident on at 2PM, noted she was and would not be able to determine she was agitated, therefore unable to request medication. In an interview with the administrator on at 9:35 AM, who said the resident was , not able to request medications. Resident record review for resident #3 revealed staff C assisted residents with their medications during her shift (10 PM to 6 AM) on a regular basis.	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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A 078	Continued From page 28 3 Individual personnel record review on for caregiver staff A- hired , staff B- hired , staff C-hired , the administrator -staff D -hired and staff E hired revealed no evidence to confirm they obtained a written statement from a health care provider documenting that the staff did not have any signs or symptoms of communicable . Staff C had a test result dated that did not have credentials of the individual who read the test, the free from communicable statement was blank. In an interview with the administrator on at 3 PM who said the statements were not available. 4. Personnel record review for staff C revealed she was caregiver hired . Personnel record review revealed no evidence to confirm she completed a minimum of 6 hours of training provided by a registered nurse or a licensed pharmacist before providing assistance to the facility residents. Resident record review revealed staff C assisted residents with their medications during her shift (10 PM to 6 AM) Resident record review that included the for resident #13 revealed staff C assisted her with , relief medication The MOR indicated she assisted her with her medication on , and from to at 2 AM. The health assessment report dated indicated resident #13 needed assistance with self-administration of medications. Resident record review that included the	A 078		

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A 078	Continued From page 29 . . . . . for resident # 14 revealed staff C assisted her with , relief medication from to . . . as evident by her initials on the front page of the Medication Observation Record (MOR). The . . . page of the MOR indicated she assisted him with his medication on at 5:30 AM, . . . at 11:20 PM, . . . at 12:20 PM. The health assessment report dated . indicate resident #14 needed assistance with self-administration of medications. Review of the staff schedule revealed staff C was assigned "med cart 100" each time she worked in . In an interview with the administrator on . . . . . at 3 PM who offered no comment. Class III	A 078		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record.	A 081		

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A 081	Continued From page 30 (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (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). (b) New staff must complete the preservice orientation prior to interacting with residents. (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. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (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 [illegible] control,	A 081		

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A 081	Continued From page 31 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 compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (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: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (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: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (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: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (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	A 081		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 081	Continued From page 32 within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the personal records for 5 of 5 sampled staff (A, B, C, D and E) contained evidence of all the required in-service training. Findings: Individual personnel record review on for: 1. Personnel record review for Staff A, caregiver - hired , revealed no evidence she completed an in-service training regarding the facility's resident elopement response policies and procedures, a minimum of 1-hour-in-service training in safe food handling practices; minimum of 1 hour in-service training regarding: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. The review revealed a certificate dated for "orientation" that did	A 081		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 081	Continued From page 33 not indicate topics covered, the duration of the training and did not contain the signatures of the trainer or the staff. There was no evidence she completed a 1-hour in-service regarding resident's rights and recognizing . . . . . /neglect and , . There was no evidence she attended ALF core training and was exempt from the pre-service orientation. 2. Personnel record review for staff B, caregiver - hired . . . . . revealed no evidence she completed a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. A 3-hour in-service training that covered: 1. Resident behavior and needs. and 2. Providing assistance with the activities of daily living. There was no evidence she was a Home Health Aid (HHA), or a Certified Nursing Assistant (CNA) therefore exempt from the above listed in-services. The continued review revealed no evidence she completed an in-service training regarding the facility's resident elopement response policies and procedures, a minimum of 1-hour-in-service training regarding safe food handling practices; minimum of 1 hour in-service training regarding: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was no evidence she completed a 1-hour in-service regarding resident's rights and recognizing . . . . . /neglect and , . There was no evidence she attended the pre-service orientation or attended ALF core training and was exempt from the pre-service orientation. 3. Personnel record review for staff C, caregiver	A 081		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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A 081	Continued From page 34 -hired . . . . . There was no evidence she completed a minimum of 1 hour in-service training in . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. An Internet training certificate dated indicated she took . . . . control and course on -line. There was no evidence the trainer used the facility's . . . . control policies and procedures for the training. A 3- hour in-service training that covered: 1. Resident behavior and needs. and 2. Providing assistance with the activities of daily living. There was no evidence she was a Home Health Aid (HHA), or a Certified Nursing Assistant (CNA) therefore exempt from the above listed in-services. The continued review revealed no evidence she completed an in-service training regarding the facility's resident elopement response policies and procedures, a minimum of 1-hour-in-service training in safe food handling practices; minimum of 1 hour in-service training regarding: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. There was no evidence she completed a 1-hour in-service regarding resident's rights and recognizing /neglect and , ... There was no evidence she attended the preservice orientation or attended ALF core training and was exempt from the pre-service orientation. 4. Personnel record review for staff D, administrator -hired revealed no evidence they completed an in-service training regarding the facility's resident elopement response policies and procedures, a minimum of 1 hour in-service training: 1. Reporting adverse	A 081		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 081	Continued From page 35 incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. 5. Personnel record review for staff E, caregiver, hired no evidence to confirm she completed A 3- hour in-service training that covered: 1. Resident behavior and needs. and 2. Providing assistance with the activities of daily living. There was no evidence she was a Home Health Aid (HHA), or a Certified Nursing Assistant (CNA) therefore exempt from the above listed in-services. The continued review revealed a certificate dated that indicated preservice orientation - "topics included but not limited to" and listed resident's rights, license type, adverse reporting, control, elopement, emergency procedures. The certificate did not indicate the duration of the preservice or the duration of each individual training, therefore it could not be ascertained the staff received the required total hours of training regarding the above listed topics. There was no evidence she completed an in-service training regarding /neglect and . In an interview with the administrator on at 3 PM, who said she had no additional documentation to provide. Class III	A 081		
A 084 SS=D	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	A 084		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 084	Continued From page 36 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 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;	A 084		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 084	Continued From page 37 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 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 ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have	A 084		

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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 084	Continued From page 38 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. 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 personnel record review and interview the facility failed to ensure 1 of 4 sampled unlicensed staff (C), who assisted with medications had completed a minimum of 6 hours of training provided by a registered nurse or a licensed pharmacist before providing assistance to the facility residents. Findings:	A 084		

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A 084	Continued From page 39 Review of the facility staff schedule for to revealed staff C was a caregiver and was the sole caregiver on to , , , and during the 10 PM to 6 AM shift. Interview with the nursing supervisor on at 11 AM who said staff C was not trained to assist residents with self-administration of medications. Personnel record review for staff C revealed she was caregiver hired . Personnel record review revealed no evidence to confirm she completed a minimum of 6 hours of training provided by a registered nurse or a licensed pharmacist before providing assistance to the facility residents. Resident record review revealed she assisted residents with their medications during her shift (10 PM to 6 AM) Resident record review that included the for resident #13 revealed staff C assisted her with , relief medication The MOR indicated she assisted her with her medication on , and from to at 2 AM. The health assessment report dated indicated resident #13 needed assistance with self-administration of medications. Resident record review that included the for resident # 14 revealed staff C assisted her with , relief medication from to as evident by her initials on the front page of the Medication Observation Record (MOR). The page of the MOR indicated she	A 084		

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A 084	Continued From page 40 assisted him with his medication on at 5:30 AM, at 11:20 PM, at 12:20 PM. The health assessment report dated indicate resident #14 needed assistance with self-administration of medications. Review of the staff schedule revealed staff C was assigned "med cart 100" each time she worked in In an interview with the administrator on at 3 PM who offered no comment. Class III	A 084		
A 090 SS=D	59A-36.011(11) FAC Training - (11) TRAINING. (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 . (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. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility did not provide or arrange for 5 of 5 sampled staff (A, B, C, D, and E) to attend a	A 090		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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A 090	Continued From page 41 1-hour in-service training regarding the facility's ( ) policies and procedures. Findings: Individual personnel record review on for caregiver staff A- hired , staff B- hired , staff C -hired , the administrator -staff D -hired and staff E hired revealed no evidence to confirm they completed an hour in-service training regarding the facility's ( ) policies and procedures. In an interview with the administrator on at 3 PM, who said she had no additional documentation to provide. Class III	A 090		
A 093 SS=D	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	A 093		

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	AL11965589	A. BUILDING: _____ B. WING _____	01/04/2022

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A 093	Continued From page 42 %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 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	A 093		

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A 093	Continued From page 43 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 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	A 093		

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A 093	Continued From page 44 . . . 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 observations, record review and interview the facility failed to ensure: 1. The menus were 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. 2 Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, were kept on file in the facility for 6 months.; 3. Portion sizes were indicated on the menus or on a separate sheet to ensure adequate dietary intake. Findings: During the dietary review on the administrator provided a set of a 4- week cycle menu. Review of the menus noted the menus were not signed 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; nor did they indicate the portion sizes to be served. The administrator said on . . . . /222 at 1:30 PM the license of the dietitian was posted by the kitchen, on the board. Observations of the kitchen board revealed a nutritionist licensed that expired	A 093		

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A 093	Continued From page 45 . . . . . . In an interview with food /beverage coordinator on at 1:40 PM who said she knew the menu did not have portion sizes listed; she used her judgement as she did not have a separate list that indicated portion sizes. She did not have menus signed by the nutritionist or the person who created the menus. As for substitutions, she created a menu like sheet and posted it for the residents to see, she then threw it away. The food /beverage coordinator provided a letter, not dated, that accompanied the menus that indicated the menus were for /winter 21/22 and were proof only and were not signed by a Registered Dietitian Nutritionist. Class III	A 093		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (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. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references	A 161		

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A 161	Continued From page 46 furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 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., 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., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (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. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the personnel records for 5 of 5 sampled staff (A, B, C, D and E) contained all the	A 161		

Agency for Health Care Administration

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A 161	Continued From page 47 required documents. Findings: Individual personnel record review on for caregiver staff A- hired , staff B- hired , staff C -hired , the administrator -staff D -hired and staff E caregiver hired revealed no evidence to confirm they all completed a job application, and all received a job description. In an interview with the administrator on at 3 PM, who said the job applications were electronic and had not been printed. Further review revealed there were no job descriptions. Class III	A 161		