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
	AL11964598	A. BUILDING: _____ B. WING _____	02/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH GRAND OF AMELIA ISLAND	1900 AMELIA TRACE COURT FERNANDINA BEACH, FL 32034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A relicensure survey was conducted at Savannah Grand of Amelia Island on [redacted]. Deficient practice was identified during the survey.	A 000		
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 furnished, and documentation verifying freedom from signs or symptoms of communicable [redacted]. 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	A 161		

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A 161	Continued From page 1 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 [redacted] 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 observation, interview, and record review, the facility failed to maintain personnel records for each staff member which contained documentation of background screening, health status, and documentation of compliance with all training requirements, for 3 of 3 employee files selected for record review (the Administrator, Employee D, and Employee E.) The findings include: On at 1:40pm the Administrator was asked to provide employee files for a record review. She returned with a single file for each staff member. She was advised that the information in the file was not sufficient for the record review. She stated that she would contact the Director of Sales and Marketing, who served	A 161		

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A 161	Continued From page 2 as the Interim Administrator prior to her being placed in the position. On at 2:05pm the Administrator returned with the Director of Sales and Marketing. They presented the survey team with nine files, three for each employee requested. On at 5:32pm after several failed attempts to locate information in the files provided, the Administrator, Director of Sales and Marketing and the Business Office Manager were asked to provide missing information not included in the files. The files did not contain applications for any of the three employees. Employees D was missing the following trainings: control, ADL and Behavioral Needs, Elopement Response, Reporting Major Incidents, Resident Rights, Neglect and , / , Policy, and Emergency Response procedures. Employee E was missing ADL and Behavioral Needs, / , and Policies. The Administrator and Employees D and E were missing communicable statements. Annual results were missing from Employees D and E's files. Background screening results were missing from Employee D's file. During an interview on at 5:35pm the Business Office Manager stated the employee applications were not available. She stated that potential hires upload their resume on line, it is then reviewed by the Administrator, who decides if they are interested in the potential hire. She stated that an application is not done. The potential hire is only required to upload their resume online via a third party employment website. She also stated that references are not requested or provided.	A 161		

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A 161	Continued From page 3 On with at 5:41pm the Director of Sales and Marketing reported she was familiar with the regulations regarding employee records and training. She confirmed that the information was not available. On at 5:50pm the Administrator also confirmed the requested information was not readily available in the employee records for review. CLASS III	A 161		