

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/02/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SAVANNAH COURT OF MAITLAND

**1301 W. MAITLAND BLVD
MAITLAND, FL 32751**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A complaint survey #2022012094 was conducted on _____ at Savannah Court of Maitland. A deficiency was found at the time of the visit.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of _____ or _____ or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such _____ or _____. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making _____ for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 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.	A 025		

AHCA Form 3020-0001

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

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(X6) DATE

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A 025	Continued From page 1 (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews the facility failed provide care and services to a resident who was assessed to need assistance with ambulation and bathing for 1 out of 3 residents (#1) Findings: A review of resident#1's health assessment revealed a medical history of _____, collapsed _____, fatigue, _____, balance _____ and _____ in right _____. In further review of the health assessment, it confirmed the resident needed assistance with ambulation, bathing, transferring, _____ and toileting.	A 025		

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A 025	Continued From page 2 A review of the facility's incident report dated _____ revealed on _____ resident#1 was found by staff in the bathroom on the floor due to an unwitnessed _____. In an interview on _____ with resident#1 at 10am, she confirmed she _____ in the bathroom, and no one found her until the staff came in to check on her 20 minutes later to do a room check. She stated she did not use the call button. She stated that she was never seen by the nurse for assessment until the following day. In an interview with the wellness director on _____ at 10:30am, she confirmed resident #1 had a _____ in the bathroom on _____ at 9am. She stated the staff alerted her about the event that morning but gave the wrong name of the resident and room number. She stated she was not aware of who the resident was until the following day. She stated she assessed resident#1 on _____ in the morning to have no injuries and no medical treatment needed. She stated resident#1 never used the call button for assistance that morning. At 12:30pm on _____, in an interview with the administrator, she confirmed the above findings. Class III	A 025		

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