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
	AL11964808	A. BUILDING: _____ B. WING _____	01/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COTTAGE OF OVIEDO	445 ALEXANDRIA BLVD. OVIEDO, FL 32765

(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 Complaint Investigation #2022013503 was conducted on . . . . . Savannah Court of Oviedo had a deficiency at the time of the visit.	A 000		
A 025 SS=G	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 | TITLE | (X6) DATE

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A 025	Continued From page 1	A 025		

(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 interview, the facility failed to provide care, services and supervision appropriate to the needs of 6 of 6 sampled residents (#1, #2, #3, #4, #5 & #6) as pursuant in Statute 429.26(7) FS; 58A-5.0182(1) FAC.

Findings:

1. Resident #1's health assessment dated confirmed a medical history of and precautions. The resident required supervision with ambulation, transferring, eating, self-care, and assistance with bathing and . Resident #1 resided in the memory care unit.

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A 025	Continued From page 2 Resident #1's facility notes revealed: at10:30 AM - Observed resident on the floor in her bathroom. Resident alert with . She was assisted into wheelchair to be monitored. at 6:55 PM - Resident raised herself unto the floor in the common area while trying to get out of chair. at 11 AM - Resident got up from wheelchair and lost balance, on her bottom. (no time noted) - Resident was sitting on the rocking chair and got up and on right side. at 4:15 PM - Resident was found on the floor on the common area. She was lifted off the floor and placed in wheelchair. at 6:45 PM - Resident was found lying on the floor in the common area. She had gotten up from her chair and . (no time noted) - Resident had a after getting up from wheelchair, lost balance and . on on right . (no time noted) - Resident was found on the floor in common area. at 3:30 PM - Resident was observed on the floor in common area on her . Upon assessment cut noted on top of , moderate amount of . 911 called and transport to hospital. - Resident requires rehabilitation caused by on . at 8:15 PM - Resident returned to the facility. Multiple were noted on resident's . at 5:34 PM - Resident was observed lying on right side in front of wheelchair. (no time noted) - Resident had a in the living room area on her left side. She has a large bump on her left side of forehead. No further notes in the record.	A 025		

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A 025	Continued From page 3 2. Resident #2's health assessment dated confirmed a medical history of , acute , failure with , and . Resident #2 resided in the memory care unit. The resident required assistance with transferring, ambulation, bathing, , toileting, and self-care. Resident #2's facility notes revealed: at 1:10 PM - Resident found lying on the floor in his room. According to resident he hit his on the wall while ambulating and then . He complained of discomfort to middle of . at 12:45 PM - Resident observed on the floor on his left side with his walker next to him. Resident complained of , to left side. Transported to hospital. at 11 AM - Hospital states resident has right , . 3. Resident #3's health assessment dated confirmed a medical history of , and was on hospice care. The resident required total care for ambulation, supervision with eating and assistance with bathing, , self-care, toileting ad transferring. Review of resident #3's facility notes revealed: at 10:10 PM - Resident observed lying on the floor and assisted to bed. at 10:35 PM - Resident observed lying on the floor next to her bed in the position. She complained of , to lower and , . Transferred to hospital. (no time noted) - Resident had a stated she hit her but no , . (no time noted) - Resident observed on the floor next to her bed wrapped in her blanket. at 4:40 PM - Resident was eating in dining area and lost her balance and on the	A 025		

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A 025	Continued From page 4 floor and hit her . 911 called. at 6:20 PM - Resident returned from hospital with right immobilizer and was noted to her right . (no time noted) - Resident observed on floor next to bed on right ring . 4. Resident #4's health assessment dated confirmed a medical history of , and . The resident required supervision with bathing and . Review of the resident's facility notes revealed: at 5:00 PM - Resident was observed on the floor in the front lobby, according to resident her walker got away from her. She admitted to hitting her on the floor hard. at 7:45 AM - Resident was observed lying on the floor and an unknown time on how long she was on the floor. Resident complained of to lower and . Resident transferred to hospital. 5. Resident #5's health assessment dated confirmed a medical history of , , injury, and risk. The resident required supervision with ambulation, bathing, , toileting, transferring, and assistance with self-care. Review of the resident's facility notes revealed: (no time noted) - Resident was found outside on the sidewalk by the pass by. An individual stopped by to help the resident. She brought the resident into the facility. The resident was asked where she was going and replied to the other side of the football field. - Resident was transferred over to the memory care unit. at 8 AM - Resident against the rail of	A 025		

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A 025	Continued From page 5 her bathroom, . . . noted on right . . . . at 8:10 AM - Resident was observed lying on her room floor with a . . . on left FA. 911 called. . . . - Resident stood up and did not know she hit her . . Resident has 3 on , left and 3 stitches on arm. 6. Resident #6's health assessment dated confirmed a medical history of . . . . . , memory loss, and a . risk. The resident required supervision with ambulation and transferring. Review of the resident's facility notes revealed: - Resident went to front desk and walked out of the building towards store. At 3:15 PM, returned and was stumbling. Law enforcement showed a picture of the resident to the facility receptionist. They stated a passerby found the resident on the ground near the store and transferred him to the emergency room. Resident had a scratch on right side forehead, and a . . on his right . . . . . . (no time noted) - Resident had a . , no injuries. Resident stated he rolled off the bed. . . . 6:15 AM - Resident observed on floor he stated he out of the bed trying to get to bathroom. at 1:15 PM - Resident's . On at 1:30 PM, resident #6 stated he did not remember the incident but now knows he needs to sign in and out of the facility when leaving. The facility's elopement policy states that elopement is defined "When a resident leaves the facility property beyond the perimeter of the parking lot or further is missing for . . . hours or	A 025		

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A 025	Continued From page 6 more, without the facility knowledge and have not signed out nor verbally informed the facility of their plans for returning. On [redacted] at 2 PM, the business office manager confirmed the above findings. Photographic evidence was obtained. Class II	A 025		