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
	AL11953284	A. BUILDING: _____ B. WING _____	07/12/2023

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 Two complaint investigations #2023006189 and 2022010267 were conducted on [redacted] at Savannah Court of Maitland. A deficiency was found at the time of the survey.	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 [redacted] 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	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 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 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: Amended deleted identifer 7 & 8. Based on record review and interviews the facility failed to provide appropriate care to prevent for 1of 3 residents (#1) and did not provide care and service for residents# #4, #5 and,#6. Findings: Resident#1's date of admission was and date of discharge was . In a review of resident#1's health assessment dated it revealed a medical history of , unspecified, , Hypoxemia, , failure,	A 025		

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A 025	Continued From page 2 , on hospice service, assistance with medications and assistance with daily living to include with ambulation, toileting and total care with bathing, , eating, self-care, transferring. In further review of facility notes for resident#1 revealed the following : 11:20am unwitnessed in the bathroom, resident forgot to lock the wheelchair and rolled and noted on right . 12:26pm unwitnessed resident found on bathroom floor, some on right 911 called. 7:15pm unwitnessed resident in hallway on the floor on his between the wheelchair and the night table. Resident hit his right with an the size of a quarter. 3:59pm unwitnessed resident found on floor facing down near recliner, resident slid off wheelchair. on left and 2 . on right 5:50pm unwitnessed resident found on the floor in his room. Scratch on left bandage was applied. 7:40pm unwitnessed resident found on floor on his in front of his recliner. There were no interventions or residential functional evaluation service plan (RFE) care plan to prevent in the record. In review of the facility's policy and intervention it confirmed a is defined as sudden uncontrolled unplanned downward movement of the body to the floor or ground or to lower ground with or without injury. The policy is for every associates responsibility for assisting with the safety program. The policy is to be implemented after a occurs. This includes	A 025		

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A 025	Continued From page 3 identifying hazards to mitigate the risk of , when possible. Staff to maintain a clutter free environment and communicate concerns to the resident care director. The residential functional evaluation and service plan (RFE) is utilized to assist in the development of a tailored service plan for each resident. Common interventions are medical intervention, pharmacy review, , , and increased supervision. Following any type of event, the resident should be promptly assessed. In an interview on at 1pm Staff A stated that the nurse assesses a and 911 is called if there is an issue. She stated that is the policy. She stated she does not know of any care plans for or resident assessments for risk residents. She stated not sure what the facility safety protocols are for . In an interview on at 1:15pm Staff B stated she does not know of any documentation for a care plan, but the nurse assesses each time there is and 911 is called if necessary. She stated she is not sure why residents are stating they do not receive the care they need. In an interview on at 1:30pm Staff C stated she never heard of a resident functional evaluation or service plans for . She stated the nurse assess for and the resident is brought to the hospital if needed. She stated the facility is under new management and hopefully things will get better. In an interview at 2pm on at 2pm with the administrator, she stated she is trying to	A 025		

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A 025	Continued From page 4 improve the care of the residents and has a new supervisor of housekeeping and will train the staff on risk residents. She confirmed all the information above. 2. In a review of the grievance log dated for discharged resident#5 revealed a grievance for missed days for assistance with showers or . Resident #4's grievance dated stated the same. In an interview on at 11:00am with resident #4 confirmed he does not receive his 2 x per week showers and most of time he only receives one shower per week. He also stated his laundry is not done 1 x per week sometimes it is every other week and that is after staying on staff about it. He stated he has spoken to management about the issues, and it has not been resolved. In an interview on at 11:15 resident #6 stated she does not receive her showers weekly and they rarely do the laundry every week. She stated she gets 1 shower per week and not the 2 x per week as scheduled. She stated they do clean the room weekly. In an interview at 2pm on at 2pm with the administrator, she stated she is trying to improve the care of the residents and has a new supervisor of housekeeping and will train the staff on risk residents. She confirmed all the information above. Photographic Evidence Obtained Class III	A 025		