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
	AL11964824	A. BUILDING: _____ B. WING _____	07/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO II	395 ALAFAYA WOODS 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 #2022008003 was conducted on [redacted] at Savannah Court of Oviedo II. A deficiency was found at the time of the survey.	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 [redacted] 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 [redacted] or [redacted]. 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 [redacted] 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 (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 to have measures in place to prevent residents who are high risk for from sustaining injuries for 2 of 3 residents (#1 & #2). Findings: 1. In a review of resident#1's records revealed an admission date of and a discharge date of . The health assessment dated revealed a medical history of mixed , , , , , hypertensive , , post- , recurrent , restlessness and agitation, and Type II . It also revealed	A 025		

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A 025	Continued From page 2 muscular [illegible], legally [illegible] in both [illegible], wears glasses, left [illegible], soreness at times due to [illegible] issues of [illegible], sundowning, restlessness and agitation at times, [illegible], and assistance with daily living to include assistance with medications, bathing and self-care. Facility observation notes it revealed: [illegible] 1:40am unwitnessed [illegible] resident found on the floor beside her bed and complained of [illegible] in her [illegible], and [illegible]. 911 called and transported to hospital. Resident sustained a [illegible], and [illegible]. The resident had [illegible] while sleeping. There was no [illegible] assessment or care plan in the resident's record. 2. In a review of resident#2 records confirmed an admission date of [illegible]. The health assessment dated [illegible] revealed a medical history of Type II [illegible], with cab, and a history of [illegible]. It also confirmed the resident uses walker for ambulation, assistance with medications and assistance with daily living to include ambulation, bathing, self-care, toileting and transferring. In further review of the facility notes for resident#2 it revealed the following [illegible]: [illegible] 7:45am unwitnessed [illegible] resident found on the floor next to the bathroom, no injuries. [illegible]/22 8:30pm unwitnessed [illegible] resident was outside and slipped and [illegible], no injuries. [illegible] 10pm unwitnessed [illegible] resident suffered a rug [illegible] when he lost balance to the floor, no injuries. [illegible] 8:35pm unwitnessed [illegible] resident observed lying on the floor near bedroom door,	A 025		

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A 025	Continued From page 3 resident stated his was bothering him. 2:50pm unwitnessed resident stated he on an outing at Walmart parking lot, injury to left . 9:05 unwitnessed resident found on floor outside the building at the facility, no injury. 12:30pm unwitnessed resident slipped from his recliner, no injuries. resident had 2 in less than 15 minutes, no injuries, , offered and declined by resident. unwitnessed resident had a last night, to left . unwitnessed resident found on floor, tear to right . 4:10pm unwitnessed resident in front of his room scratched his left . 9:59pm unwitnessed resident again and stated his ankle hurts. 9pm unwitnessed resident observed on the floor next to his chair. Existing red bump burst and caused . 4pm unwitnessed resident found sitting on floor next to bed, no injuries. 2:25pm resident had a in his room, no injuries. 11:58pm unwitnessed resident slipped from his chair and hit his . There was no quarterly assessment or resident care plan for in the residents' notes or records. In a review of the facility policy and interventions it revealed the following: A occurs when any sudden uncontrolled unplanned downward motion. Every associate is responsible for assisting with the safety program. Resident risk assessment (RFE) is utilized to assist in the development of a tailored service plan for each resident. The document provides	A 025		

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A 025	Continued From page 4 information to be assessed regarding the resident's risk and should be reviewed quarterly. In an interview on at 11:00am staff E stated the policy and intervention is to assist the resident when a happens and call the nurse for an assessment. She stated if there are more than one then the physician is asked to change the medications. She stated the staff checks on the residents every 2 hours. She stated if a resident has multiple , they are usually sent to memory care. She stated she is not sure if she has had prevention training and is not aware of any care plans for resident . In an interview on at 11:15am staff F stated she is not sure what the facility policy is. She stated when a resident the nurse does an assessment. She stated for interventions the nurse tries to find out what is the cause of the are if possible. She stated some of the medications make them , so they . She stated she is not sure if she has had prevention training and is not aware of any care plans for resident . In an interview with the associate administrator on at 2pm, she confirmed the above findings and stated they are working on improving their prevention program and documentation. Photographic Evidence Obtained Class III	A 025		