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 _____	07/24/2023

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 A complaint survey #202300584 was conducted [redacted] at Savannah Court of Oviedo I. 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 [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		

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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 reviews and interview the facility failed ensure the prevention of for the safety and physical wellbeing of 1 of 2 residents (#1) causing injury. Findings: In a record review of resident#1's health assessment, it revealed a medical history of , memory loss, , poor balance coordination, . It also confirmed resident#1's assistance with daily living to include assistance with ambulation, bathing, self-care, toileting, transferring.	A 025		

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A 025	Continued From page 2 In review of resident#1's facility and observation notes it revealed the following : . . . . . Resident had a . by dining area. She landed on her and stated she hit her . Assisted to . , . on left , . Resident slid out of wheelchair in her room, no injuries. Resident slid out of her wheelchair while in bathroom, no injuries. resident was heard yelling in room was observed sitting on floor next to bed. No injuries resident had hit of her , small bump. Resident sent to hospital. Resident was sent to the hospital for a hit her . . . Resident observed lying on floor of her room, stated she hit her . . . on the wheel of the wheelchair. . . . . . Resident slid out of wheelchair; no injuries noted. . . . . . checked resident left . . . . . , scab intact no redness. . . . . . Resident had . on left side of causing a cut and . ˬ 911 called. . . ˬ left . , . . Resident sustained a left . . and a cut on her left , and In review of the facility's . policy and interventions it confirmed a . is a sudden uncontrolled unplanned downward movement of the body to the floor or lower surface. A Residential Functional Evaluation and Service Plan (RFE) is developed to tailor services for each resident to address residents' risk for . . and assist in creating a mitigation plan. Each residents . risk will be assessed quarterly. In further review of resident#1's record it did not reveal a care plan (RFE) for intervention of	A 025		

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A 025	Continued From page 3 or quarterly assessments after each . In an interview on . at 10:30 am with staff D, she stated she is not aware of any facility interventions for . . She stated she did not have training or interventions. She stated she is not aware of any intervention program to prevent . She stated she is not aware of an RFE. In an interview on . at 10:45am with Staff E, stated she never had any or intervention training and does not know what interventions are. She stated the administrator is notified if a resident and they call 911 if necessary. She stated she does not know what an RFE is. In an interview on . at 12pm, the administrator confirmed the above findings and stated they will be implementing care plans for risk residents in the future. Class III	A 025		