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 _____	12/18/2023

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 A complaint investigation #2023014082 was conducted at Savannah Court of Maitland on . The facility had a deficiency 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 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		

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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: Based on record reviews and interviews the facility failed to provide care and services appropriate when 1 of 5 sampled residents exhibited significant changes resulting in medical attention. (#1) Findings: A Hospice Physician Orders on read, "Send , to hospital." A facility note on at 7:29pm read, "Resident was transferred to the hospital per order Hospice MD to get treatment for on . Resident taken on stretcher	A 025		

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A 025	Continued From page 2 by non-emergency transport to hospital." A facility note on . . . . . at 12:37pm read, "Returned to facility at 12:15pm, via ambulance from hospital in stable condition. Continue with previous, POA notified." Resident #1's POA stated he was unaware resident was sent out to the hospital on . . . . . or that there was a change in her condition. The POA stated he was notified by the Hospice Nurse and not the facility. On at 3:31pm The Hospice team rep stated resident #1 has had the . . . on her , receiving care for quite some time, and her son was aware. The team rep stated they were in communication with resident #1's POA regarding the hospital visit but unsure of the facility's policy. On at 3:45pm The Administrator stated, "the resident has been on hospice for quite some time. The Administrator stated the Hospice nurse comes and treats the . . . . on her . The Administrator stated, staff F is responsible for notifying the family when a resident goes out." On at 4:25pm The Hospice Nurse stated she spoke with the Wellness Director based on the practitioner's assessment and informed the facility the resident needed to go out. The Nurse stated, "I did not do the paperwork and I assessed her the day before. The Nurse stated, "we do not call hospitals or 911. I attempted to call the POA that day, but he did not answer. I did not document the phone call."	A 025		

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A 025	Continued From page 3 On ... . at 4:30pm The Administrator confirmed the findings. Class III	A 025		