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 _____ | 06/05/2024 |

| 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<br><br>A complaint investigation 2024005485 was conducted at Savannah Court of Maitland on . The facility had deficiencies at the time of the survey. | A 000 | | |
| A 152 SS=D | 59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,<br>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.<br>(b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident,<br>2. A closet or wardrobe space for hanging clothes,<br>3. A dresser, or other furniture designed for storage of clothing or personal effects,<br>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during | A 152 | | |

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| A 152 | Continued From page 1<br><br>use.<br>(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be .<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observations and interviews the facility failed to provide a safe living environment free of structural damage and in good working order.<br><br>Findings:<br><br>On at 10:08am Resident #2 stated the sidewalk has not been replaced. This has been since about , or , and it's still not done.<br><br>The Administrator was informed that I would need to see the sidewalk to review the uneven pavement.<br><br>On 4:10pm the Administrator stated, "yes, it needs to be repaired. The Resident Care Director can show you when she takes you to see where Resident #5 was found."<br><br>On at 4:20pm The Resident Care Director stated, there are several uneven sections along the pathway. It goes all the way around to the Skilled Nursing Facility and out into the parking lot. The residents walk here all the time."<br><br>The Administrator was asked about the delay in having the walkway repaired.<br><br>On at 5:50pm the Administrator stated, "we just got the concrete to have the | A 152 | | |

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| A 152 | Continued From page 2<br><br>sidewalk replaced. We've been short of staff and the Maintenance Director has not been able to get to it. He just hired some new people. The Regional Care Director stated it will be taken care of tomorrow."<br><br>(photographic evidence obtained)<br><br>. . . . . 6:00pm the Administrator confirmed the findings.<br><br>Class III | A 152 | | |