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 _____	08/22/2024

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
CZ821	59A-35.110( ) FAC Reporting Requirements; Electronic Submission 59A-35.110 Reporting Requirements; Electronic Submission. (1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including: (a) Insurance coverage renewal; (b) Bond renewal; (c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider; (d) Annual sanitation inspections; (e) Fire inspections. (2) Electronic submission of information. (a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal: 1. Nursing homes: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.	CZ821		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ821	Continued From page 1 2. Assisted living facilities: Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in Section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 3. Hospitals: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 4. Ambulatory Surgical Centers: Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available	CZ821		

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CZ821	Continued From page 2 at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. 6. For the purposes of this rule, the following applies for submitting adverse incident reports: a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S. b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident. c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident. d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later. e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up	CZ821		

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CZ821	Continued From page 3 to $50 per day late not to exceed $500. (b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission. (c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored. This Statute or Rule is not met as evidenced by: Based on the facility review and interview the facility failed to submit an adverse incident report electronically to the Agency within 1 business day after the occurrence of the incident for 1 of 2 sampled residents #8. Findings: A record review of Resident #8 revealed a facility admission date of [redacted]. A [redacted] 1823 Health Assessment Form indicated a medical history of [redacted] complications, and was not identified as a [redacted] risk. On [redacted] a review of an incident report dated [redacted] indicated days to report (preliminary): 2. Further review revealed the facility created the report on [redacted] at 2:00 PM and submitted on [redacted] at 4:06PM to the Agency. On [redacted] at 6:15 PM the Resident Care Director confirmed the findings and provided no additional information.	CZ821		

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CZ821	Continued From page 4 (photographic evidence obtained) Unclassified	CZ821		
A 000	Initial Comments Complaint investigations 2024008657, 2024009172, 2024011538 and generator monitoring was conducted at Savannah Court of Maitland on . The facility had deficiencies 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 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.	A 025		

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A 025	Continued From page 5 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. (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 adequate supervision for 1 of 1 sampled resident (#1) who eloped from the facility by maintaining a general awareness of the resident whereabouts, emotional general well-being, and ensure safety through proactive measures to minimize the potential for and	A 025		

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A 025	Continued From page 6 injuries for 1 of 4 sampled residents (#8). Findings: 1. On a review of an incident report for Resident #1 dated to the Agency stated, "resident elopement and any condition that requires transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident." The narrative of the incident on stated, "Resident #1 was last seen at 9:45 PM when staff escorted him to his room. At approximately, 5:40 AM, Resident #1 was observed on the sidewalk in front of the community by Maitland Police (MPD). MPD called Savannah Court of Maitland to advise and spoke with Unlicensed care staff B. It is believed Resident #1 exited through the Cove, which is attached to Savannah Court." A record review of Resident #1's facility admission date on . A 1823 Health Assessment Form indicated a medical history of 's, stimulator, visual ( ), and . Resident #1 was independent with all activities of daily living (ADLs), able to self-administer medications, and was not identified as an elopement risk. A facility notes on at 10:45 AM read, "Spoke to POA regarding appropriate placement concerns. She agreed. We will assist in relocating resident. She is aware he is currently at hospital." A facility notes on documented by the Resident Care Director (RCD) read, "Maitland	A 025		

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A 025	Continued From page 7 Police Department (PD) called Assisted Living Facility (ALF) to verify if resident that was found resides at Savannah. Staff member on duty confirmed resident lives at Savannah ALF. Emergency Medical Service (. . .) transport resident to hospital." A facility notes on at 7:49 AM read, "Resident Care Coordinator (RCC) reported to Resident Care Director (RCD) that resident called police to the facility. Resident was . . . . . stating that someone was trying to kill him and that his friends were waiting for him. Responding officers informed staff to call that if he called again, they would take him to the hospital to the resident." A facility note on at 3:01 PM read, "On . . Emergency Medical Service (. .) was called by RCD. Resident was having . . . . . and stating he was going to . . . . outside to Maitland Blvd to stop the traffic so he can meet up with friends and also asked if his friends could park in the building." On at 3:24 PM the RCD stated, "He went out on . . . . . which was the elopement when he was last seen at 9:45 PM by staff. Yes, we do 2-hour checks, but it's not documented. He went out through the Cove over in the nursing home and his room was upstairs. There are no cameras. So, we're not sure what time he left and if he was outside all night." On . . . . . at 3:53 PM Unlicensed care staff C stated, "he was independent. We checked on him when we did our rounds every 2 hours. It was about 9:45 PM on . . We put Resident #1 in bed. That was our last round before my shift ended at 11 PM."	A 025		

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A 025	Continued From page 8 On at 4:25 PM Unlicensed care staff B stated, "Resident #1 was not assigned to me. I just went outside to help the police with the report. Unlicensed care staff E was assigned to him. Resident #1 was a and had a history of calling the police." On at 4:46 PM the RCD stated, "Unlicensed care staff E may not answer as he is out due to a family matter. On at 5:09 PM Unlicensed care staff D stated, "Resident #1 was a . We would always have to look for him." On at 9:32 AM an attempt was made to contact Unlicensed care staff E to obtain his statement on Resident #1's elopement and whereabouts in the facility. The facility's undated For at Risk Residents and Elopement states, Elopement is defined as "when a resident leaves the facility property beyond the perimeter of the parking lot or further, without the facility's knowledge; and who has not signed out nor verbally informed the facility of their plans for returning." 2. On a review of an incident report dated for Resident #8 to the Agency stated, "any condition that requires transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident." The narrative of the incident stated on at approximately 7:35 PM, Unlicensed care staff D entered Resident #8's room to find him in his reclining chair. Resident #8 reported he had	A 025		

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A 025	Continued From page 9 in the shower and was experiencing , in his and . At approximately 7:50 PM, arrived and transported Resident #8 to Orlando Regional Medical Center for assessment." On at approximately 9:20 AM during the entrance conference the RCD stated Resident #8 was identified on the census as OOF (out of facility), Cove. A record review of Resident #8's facility admission on A 1823 Health Assessment Form indicated needs supervision for bathing. A facility note on at 5:37 PM read, "Staff member entered room to give resident his medication. Resident was found on the bathroom floor. Resident stated he was completed with his shower and lost his balance. Staff member called for assistance to help resident up. Resident was taken to hospital for evaluation." On at 3:53 PM Unlicensed care staff C stated, "Resident #8 is pretty much independent. For the residents who need assistance with showers we stay with them." On at 4:26 PM Unlicensed care staff B stated, "Resident #8, he's more independent." On at 5:09 PM Unlicensed care staff D stated, "no, I didn't provide assistance that day to Resident #8. It was not his shower day. Resident #8 is independent, and he was taking his own showers. He didn't ask for help. I didn't review the log, and he mostly takes them by himself."	A 025		

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A 025	Continued From page 10 On . . . . . at 6:15 PM the RCD stated, "Resident #8 is independent and did not require assistance with his showers. Here is his assessment dated and it states he's independent for bathing. A review of the facility's . . . . . Standard AL Functional Assessment Results indicated the resident was independent with all ADLs. On page 2, clinical information was not signed or dated by Resident #8, RCD, Family/Responsible Party, or the Executive Director. On at 6:15 PM the RCD stated the investigation was documented in the Incident Report submitted to Agency for Health Care Administration (AHCA), provided no additional information for Resident #8's , and confirmed the findings. (photographic evidence obtained) Class II	A 025		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. . . , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance . . , 8. Name, address, and telephone number of next of kin, legal representative, or individual	A 162		

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A 162	Continued From page 11 designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained	A 162		

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A 162	Continued From page 12 pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the	A 162		

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A 162	Continued From page 13 licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain copies of the required medication records for 1 of 3 sampled resident who requires assistance with self-administration of medication or administer medications. (#2) Findings: On at 10:48 AM Unlicensed care staff A stated, "Resident #2 moved to the Cove due to his decline. He was an independent resident. On at 11:50 AM the Resident Care Director (RCD) was asked to provide the records, progress notes, and Medication Observation Record (MORs) of Resident #2. On at 1:00 PM, the RCD was contacted via phone to obtain an update on the	A 162		

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 _____	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF MAITLAND	1301 W. MAITLAND BLVD MAITLAND, FL 32751

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A 162	Continued From page 14 records for Resident #2. The RCD stated, "the resident is no longer here, and I have to pull the information from storage. He left quite a while ago." On at 2:00 PM, the RCD provided Resident #2's chart and progress notes for review. There were no MORs revealed in the closed file. A record review of Resident #2 revealed a facility admission date . A 1823 Health Assessment Form indicated a medical history of II, High-density lipoprotein ( ), ( ), , uses a wheelchair, independent with all activities of daily living (ADLs), and needs assistance with self-administration. A review of the facility's Census Activity Change Report indicated Resident #2 move out date on . There was no documentation of Resident #2 relocation to the Cove, Nursing Home unit of the facility. On at 3:52 PM the RCD stated, " I don't have any MORs for him and did not know I needed to document his relocation." Based on the regulations all records must be retained for 2 years following a residents' departure from the facility. (photographic evidence obtained) Class III	A 162		