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 _____	07/09/2025

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 000	Initial Comments A complaint investigation (202500641, 2025008738, 2025008887) and a generator monitoring was conducted at Ansley Court on . The facility had deficiencies 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	A 025		

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A 025	Continued From page 1 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 observation, record review, and interview, the facility failed to document in the record when a resident sustained a for 1 of 7 sampled residents (5.) Findings: On at 10:40 AM, a bandage was seen around resident #5's right lower . The resident said she was injured when a female staff member dropped her during a transfer from her wheelchair to her recliner. The resident was unable to provide further details.	A 025		

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A 025	Continued From page 2 There was no facility documentation in the resident's record regarding the injury. On at 3:50 PM, the resident said she did not , she just suddenly saw on her . She said it was too painful to remove the so the could be observed. On at 5:20 PM, caregiver G said that on she transferred the resident to her recliner. The caregiver turned to retrieve a -Aid and when she turned around, she saw the resident rubbing her with a napkin, which caused a . The caregiver said she wanted to put on the -Aid, not because there was a , but because the resident's skin was fragile. The caregiver said she reported it to a nurse. On a home health nurse documented they would notify the doctor of the new . On at 5:30 PM, nurse H said caregiver G did tell her about the when it occurred. The caregiver said she believed the occurred during the transfer. The resident rubbed the area. The residents' skin was fragile. Class III	A 025		
A 081 SS=D	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in	A 081		

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A 081	Continued From page 3 duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).	A 081		

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A 081	Continued From page 4 (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.	A 081		

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A 081	Continued From page 5 (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081		

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A 081	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 3 of 5 sampled staff (A, B, C) attended a preservice orientation of at least 2 hours in duration that covered, at a minimum, resident's rights and the facility's license type and services offered by the facility and failed to ensure 2 of 5 sampled staff (D, E) received 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living. Findings: 1. Review of caregiver A's personnel record revealed a hire date of and an end date of . 2. Review of caregiver B's personnel record revealed a hire date of and an end date of . There was no documentation to reveal that caregivers A and B attended a 2-hour preservice orientation. On at 4:49pm, the findings were discussed with the Administrator, who said, caregivers A and B do not have a pre-service orientation, an audit of staff personnel record was started in by the previous Business Office Manager, but the audit was not completed.	A 081		

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A 081	Continued From page 7 3. Review of caregiver C's personnel record revealed a hire date of . The was no documentation to reveal that caregiver C attended a 2-hour preservice orientation. On at 5:25pm the findings were discussed with the Business Office Manager, who said there is no preservice documentation for caregiver C. 4. Review of caregiver D's personnel record revealed a hire date of . 5. Review of caregiver E's personnel record revealed a hire date of . There was no documentation to reveal that caregiver's C and D received 3 hours of in-service training within 30 days of employment that covered resident behavior and needs and providing assistance with the activities of daily living. On at 5:13pm, the Business Office Manager confirmed the findings and was unable to provide additional documentation. Class III	A 081		
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 162		

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A 162	Continued From page 8 (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 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, , 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 ◡ 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 ◡ 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	A 162		

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A 162	Continued From page 9 writing that ◡ 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 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	A 162		

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A 162	Continued From page 10 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 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 1 of 2 sampled resident care records on the premises for review (#2). Findings: Review of resident #2's record revealed a facility admission date on . A 1823	A 162		

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A 162	Continued From page 11 health assessment indicated the resident was total care with ambulation, bathing, self-care, toileting, transferring, and needs assistance with eating. The administrator was asked to provide for the year 2024 any care plan documentation and if she had spoken with resident #2's power of attorney (POA). On at approximately 12:09 PM, the administrator stated I'll have to look to see what we have. I don't recall the family asking for copies of resident #2's records. I'll give them a call. As for the records, we wouldn't have anything beyond that time frame (referring to) of the change of ownership (CHOW). They were using the system quick Mar to track. Further review of resident #2's record revealed a fax dated sent to Lincoln National Life Insurance which included a individual care plan, a 1823 health assessment, and letter dated from Lincoln National Life Insurance stating resident #2's benefit eligibility has been approved from , , through , . An added page enclosed requested information prior to , nursing assessment, care plan, and ADL (activities of daily living). The administrator was asked if the additional information requested as indicated, prior to , nursing assessment, care plan, and ADL (activities of daily living) was faxed to the number provided. On at 3:15 PM, the administrator stated this information is for Lincoln. I don't know if they want her to start long term insurance. We've sent	A 162		

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A 162	Continued From page 12 this multiple times. I've explained to them that we don't have access to the old system and unable to provide. The care plan for SLLM was on paper and I'm unable to find resident #2's. No, I have not reached out to the old company for assistance. A Lincoln National Life Insurance letter dated was addressed to Ansley Court Assisted Living originally requested on indicating resident #2 has made a claim for benefits under coverage through Lincoln Financial Group Long Term Care and the following information is needed to determine eligibility for benefits: plan of care, service agreement or similar nursing assessment that indicates Activities of Daily Living (ADL's) and needs. A Lincoln National Life Insurance letter dated was addressed to Ansley Court Assisted Living indicating resident #2 has made a claim for benefits under coverage through Lincoln Financial Group Long Term Care and the following information is needed to determine eligibility for benefits: nursing assessment. Please send all nursing assessments and plan of care completed prior to . The facility failed to retain the records on premises for services and care rendered during the requested time period. On at 6:35 PM, the administrator confirmed the findings and was unable to provide any additional documentation. (photographic evidence obtained) Class III	A 162		