

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 09/03/2025
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit to three complaint investigations #2025000641, 2025008738, and 2025008887 was conducted at Ansley Court on The facility had an uncorrected deficiency at the time of the visit.	{A 000}			
{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 designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practitioner 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	{A 162}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

If continuation sheet 2 of 5

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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 2 2005, 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 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,	{A 162}		

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{A 162}	Continued From page 3 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview 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 health assessment indicated the resident was total care with ambulation, bathing, self-care, toileting, transferring, and needs assistance with eating. On at 12:50 PM, the Administrator stated we don't have the documents for resident #2. I've reached out to SLLM and they were no help. They stated they didn't remove any of the documents during the change of ownership. I've looked in the storage and there were no documents for resident #2. I don't know how we're going to fix it. On at 1:50 PM, the Administrator stated resident #2 no longer lives at the facility. I've spoken to the insurance company on several occasion to make them aware that we don't have the documents and unable to provide what they are requesting. Review of the facility's discharge log revealed resident #2 moved out . The facility failed to retain the records on premises for services and care rendered during the requested time period.	{A 162}			

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{A 162}	Continued From page 4 On at 3:30 PM, the Administrator and Wellness Director confirmed the findings. Class III	{A 162}		