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
	AL11965589	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

(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 Complaint inspection CCR #2012011267 was conducted at Savannah Court of St Cloud located at 3791 Old Canoe Creek Road St Cloud Florida 34769 The facility had deficiencies found during the visit.	A 000		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in	A 078		

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A 078	Continued From page 1 accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure one of two sampled staff (A) had documentation of freedom from communicable including within 30 days of hire. Findings: Personnel record review on at approximately 1 PM for staff A revealed she was hired on and terminated on Continued review revealed no evidence to confirm she provided the facility a statement from a healthcare provider that indicated freedom from communicable including The resident relations coordinator stated at approximately 1:30 PM that there was no other documentation available for staff A. Class III	A 078		
A 081	58A-5.0191(2) FAC Training - Staff In-Service	A 081		

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A 081	Continued From page 2 (2) 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. 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 major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (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 (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.	A 081		

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A 081	Continued From page 3 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. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure 2 of 2 staff (A and B) received the mandated in-service training regarding: 1.Reporting major incidents and adverse incidents. 2. Resident rights in an assisted living facility & Recognizing and reporting resident neglect, and 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. and 5. Facility's resident elopement response policies and procedures, within 30 days of hire Findings: Personnel record review on ..... at approximately 1 PM for staff A revealed she was hired in 8//12 and terminated on ..... Personnel record review on ..... at	A 081		

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A 081	Continued From page 4 approximately 1:15 PM for staff B revealed she was hired on [redacted] and terminated on [redacted]. Continued individual personnel record review revealed no evidence to confirm that the facility provided or arranged for A and B for the following in-service training: 1. Reporting major incidents and adverse incidents. 2. Resident rights in an assisted living facility & Recognizing and reporting resident [redacted], neglect, and [redacted] 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. and Facility's and the facility's resident elopement response policies and procedures, within 30 days of hire. The resident relations coordinator stated at approximately 1:30 PM that staff A did not receive the required in-service training as the former administrator walked out of the job the first day staff A started to work. She did not know why staff B did not have evidence that she received the in-service training. Class III	A 081		
A 090	58A-5.0191(11) FAC Training - Do Not [redacted] Orders (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding [redacted] within 30 days after employment.	A 090		

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A 090	Continued From page 5 (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview the facility failed to ensure that two of 2 sampled staff (A and B) received at least a one hour in-service training regarding the facility's policy and procedures regarding _____. Findings: Personnel record review on _____ at approximately 1 PM for staff A revealed she was hired in 8//12 and terminated on _____. Personnel record review on _____ at approximately 1:15 PM for staff B revealed she was hired on _____ and terminated on _____. Continued individual personnel record review at approximately for staff A and B revealed no evidence to confirm the staff received an in-service training regarding the facility's _____ policies and procedures. The resident relations coordinator stated at approximately 1:30 PM that staff A did not receive the required in-service training as the former administrator walked out of the job the first day staff A started to work. She did not know why staff B did not have evidence that she received the in-service training. Class III	A 090		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Court Of St Cloud
3791 Old Canoe Creek Rd
Saint Cloud, FL 34769

Dear Administrator:

Re: CCR #2012011267

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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