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
	AL11943102	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF THE PALM BEA	2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401

(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 An Assisted Living Facility complaint inspection (CCR# 2013001840) was conducted on Savannah Court of the Palm Beaches, had deficiencies found at the time of the visit.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed	A 010		

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health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

This Statute or Rule is not met as evidenced by:

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Based on observations, interviews and record review, the facility failed to ensure residents met the criteria for continued residency, for 2 out of 3 sampled Residents (#2 and #3).

The findings include:

1) Resident #3, a female, was admitted to the facility on . Her medical examination (AHCA Form 1823) dated documented diagnoses of with , high , chronic stage 2 kidney and of the cavity.

She was observed multiple times during the survey, the following was noted specifically, from 11:40 AM until 12:52 PM in the dining . She completely ignored her two table mates. Her meal included sliced ham. She used a spoon and knife to cut her meat, mostly unsuccessfully, dropping food in her lap at times. At 11:42 AM, the facility's Receptionist was observed to offer and cut her meat for her; a slice was underneath the escalloped potatoes on her plate and was not cut. She ate a couple pieces of the cut ham, but then pulled the remaining slice of ham from beneath the potatoes and proceeded to eat from the slice of ham while holding it with her hands. This was brought to the attention of and observed by the Administrator at 12:05 PM. She attempted to place too much potato on her spoon and was using her fingers to push the food in her mouth but the food in her lap instead. She took five minutes to pour some pink lemonade into her coffee and add a packet of sweetener. She used a fork to stir it but the fork barely moved in the coffee.

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During this time, dining asked her if she needed anything and offered her the coffee, but no dining made any effort to assist her or to get someone to assist her. In an interview conducted at 12:22 PM, the Chef was asked why and stated she refuses their offers of help.

At 12:52 PM, the Chef wheeled her to the nearby community living
At 12:59 PM, a Caregiver wheeled her to her , asked if her if she needs to toilet, and assisted her in the Afterward, the Caregiver assisted her to her electric recliner, and gave her the chair and TV controllers. At 1:15 PM, another unsuccessful attempt was made to interview the resident; she responded to questions with references to unrelated topics.

Review of Resident #3's records revealed the following documentation:
Monthly nursing assessments:
a) - Resident is alert, cannot understand information, needs constant redirection, easily upset, combative, yells out inappropriately, needs assistance with feeding, difficult to understand, assist with wheelchair/transfers, history of in past 80 days, on medications, " Resident needs constant redirection, requires lots of hands on. Resident would be more appropriate in unit or with one on one care, family aware. [Physician] also aware.
b) - Resident is has short-term and long-term memory loss, needs constant redirection, combative, self, difficult to understand, needs assistance with wheelchair/transfers, history of past 80 days, on medications, " Resident needs lots of redirection and hands on care, Executive

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Director discussed with [family members] about moving resident to cottage or providing 24-hour care."

Nurse's Notes:
a) 10/0 " refused to be touched by staff, extremely confused verbally and physically combative, telling staff to get your dirty hands off of me. Tried to run staff over with rolling walker, [family member] notified ..."
b) 10/1 " very combative to staff, refusing PM care, refusing to go upstairs to go to bed. Resident wanders a lot, looking for her husband."
c) 10/1 " with family member regarding behavior at nights as reason why we put her in the Cottage on 10/1 the night shift for her safety. Family member wants staff to notify him if this ever happens again."
d) 11/0 found on floor near bed, skin right lower extremity.
e) 11/1 " attempts made to administer flu and [pneumonia] refused."
f) 11/1 " seen scratching at skin redirected with good effect. Resident continues to need constant redirection. Spends most of her time asking for her sons and walking aimlessly in lobby, family aware."
g) 11/2 " also made aware of the fact that resident is scratching her skin where she has skin that area will be kept covered until completely healed, family member voiced understanding."
h) 12/2 found on floor in community living room, right elbow.
i) 12/2 found on floor in community living room, skin right elbow, complained of right hip pain, transferred to emergency room PM, returned 12/2

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8:00 AM.
j) " Resident continues to attempt to get up out of wheelchair without assistance. Staff standing with resident due to unsteady gait and to prevent and her getting up. Call placed to family member to discuss putting resident in the Cottage for more supervision or for family to provide one on one supervision. Family member said he does not want resident in the Cottage and that she is only getting up because she is wearing diapers and that she is uncomfortable. Family member made aware that resident is and needs to be in supplies. He stated he will bring pads in for her. "
" Resident found wandering the hallways, yelling and trying to go into residents Resident became combative to staff when staff tried to assist back to Call placed to family member, zero answer. "
Resident found on floor next to chair, no injuries noted.
k) " Second floor staff from all shifts report that resident is of bowel and and that wearing panties and is not enough to control her incontinence and to keep her from embarrassing episodes of her soiling herself. Family member insisting that resident only need to wear and panties. Executive Director will have a meeting with family member to discuss issues regarding her care and safety. "
l) "...Family member told Administrator he would find someone from church to sit with resident. Today he stated he could not afford private duty nor did he want Resident in the Cottage. He did say he would look for a smaller ALF for resident ... When staff encourage resident becomes agitated and refuses to go. Family member , states her incontinence is a result of being here because he took care of her for ten years and she always wore just pads. I

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explained her incontinence is too much for just pads so staff have been using disposable underwear. Family member insists she use pads ... I offered again to show [family member] the Cottage and initially he refused. At conclusion of meeting he agreed to signing waiver for fall, ... I follow up with facility staff for tour of Cottage. "
m) 01/0 member has not viewed dementia "
n) 01/3 " found on floor ... next to her recliner. Prior to resident being found on the floor she was in her recliner with her legs elevated. Recliner was plugged into wall. Resident has zero injuries ... "
o) " continues to need constant redirection and cueing by staff. Resident has poor safety awareness. Resident needs constant supervision. "
p) 02/1 found on floor, zero injuries.
q) 02/1 Director Note to File - " Spoke with family member regarding ... the need to have resident moved to the Cottage ... Also advised that resident would benefit from being in the Cottage due to her current condition. Currently she needs assistance with feeding and her disruption of other residents. I reviewed my discussion I had with (other family member) on resident's condition and options available to them. He asked to give him until Monday 2/1 ... resolve the matter. "

Interviews with the Administrator, Director of Nursing (DON), Activities Director, nursing staff and caregivers conducted throughout the survey revealed ongoing concerns related to the resident needing to either move to the memory care unit or receive one on one supervision, but family refusing or failing to do so. The Administrator and DON both confirmed staff could not meet this resident's needs unless she was moved to the

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memory care unit, the Cottage, or received 24-hour private duty/family supervision. They both confirmed that they had not issued a 45-day notice of discharge for the same reason.

2) Resident #2 was admitted to the facility on . His medical examination (AHCA Form 1823) dated failed to indicate if he was able to self-administer his medications, if he needed assistance to self-administer his medications, or if his medications needed to be administered by a licensed nurse.

On 02/1 : 2:05 PM, with a facility Nurse present, a nebulizer was observed in his room. an interview conducted at that time, she stated he definitely needed assistance to self-administer most of his medications but thought he was able to self-administer the nebulizer . Review of his records revealed no health care provider order stating the resident was able to self-administer his nebulizer . During the entrance conference conducted 02/1 : 9:10 AM, the DON stated they have licensed nurses on duty daily from 7:00 AM until 7:00 PM.

His February medication record revealed orders for: budesonide 0.25 milligrams (Pulmicort), pre-mixed vial via nebulizer twelve hours (9:00 AM and 9:00 PM); and ipratropium albuterol pre-mixed vial via nebulizer six hours (6:00 AM, 12:00 PM, 6:00 PM and 12:00 AM). The medication record was initialed as given to the resident by unlicensed staff for the 9:00 PM, 12:00 AM and 6:00 AM doses. In an interview conducted 02/1 3:15 PM, an unlicensed staff member stated she keeps Resident #2's Pulmicort Duoneb her medication cart and

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A 010	Continued From page 8 assists him by pouring the vials of medicine into the unit. She confirmed that the facility did not implment any procedures to ensure a Nurse was available to provide medication administration for this medication for this resident to ensure the resident met the criteria for continued residency. This concern was discussed with and acknowledged by the Administrator and DON on at 4:20 PM. Class III	A 010		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the	A 030		

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A 030	Continued From page 9 Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida . . . . . Hotline " 1(800)96 . . . . or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s . . . . and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.	A 030		

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A 030	Continued From page 10 (h) Pursuant to Section 429.41, F.S., the use of physical ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from ..... and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve	A 030		

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the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff

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A 030	Continued From page 12 of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to demonstrate implementation of its grievance policies related to complaints identified in resident council meetings. As evident of the facility failure to ensure complaints related to care received and customer service were forwarded to the appropriate department for handling (resolution). This has the potential to affect more than a few of the 75 residents currently living at the facility. The findings include: Review of the resident council meeting minutes revealed the following complaints: 1. During the meeting, residents stated it takes too long for staff to answer call lights and not enough staff at night. 2. During the meeting, residents stated some nurses were too short and fast with them. In an interview conducted on at 4:55 PM, the Administrator confirmed he is the individual to whom complaints are forwarded to	A 030		

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SAVANNAH COURT OF THE PALM BEA	2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401

(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 030	Continued From page 13 for handling (resolution). He stated he had not been informed regarding these two complaints; as a result, he had not investigated the complaints as yet. Class III	A 030		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 14 This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure accuracy in medication records (MORs), for 1 out of 3 sampled residents (Resident #2). As evident that the MORs contained missing entries, and entries were circled but had no corresponding comments on the back of the forms. The findings include: Review of Resident #2's and 2013 MORs revealed the following concerns: 1. There were no initials on the MORs to indicate the resident received assistance with the following medications on for the 9:00 AM doses:: a) and Nu-Iron. There were no explanations written on the back of the MORs regarding the missed dosages. 2. There were no initials on the MORs to indicate the resident received assistance with the following medications: a) breathing treatments on and at 12:00 PM b) eye drops on at 9:00 PM c) D on at 9:00 AM There were no explanations written on the back of the MORs regarding the missed dosages. 3. There were no initials on the MORs to indicate the resident received assistance with the following medications on for doses scheduled for 9:00 AM or 9:00 PM : a) b)	A 054		

Agency for Health Care Administration

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	AL11943102	A. BUILDING: _____ B. WING _____	02/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 054	Continued From page 15	A 054		

c)
d) C
There were no explanations written on the back of the MORs regarding the missed dosages.

4. There were no initials to indicate Lipitor received for a dose scheduled on 01/2 01/2 were no explanations written on the back of MORs regarding the missed dosages.

5. There were no initials to indicate Budesonide was received for doses scheduled at 6:00 PM on 1/2C at 6:00 AM on 1/2C were no explanations written on the back of the form. Also, initials were circled on the 1/1 00 PM dose, which usually indicates something unusual occurred with that dose. However, there was no explanation written on the back of the form.

6. There were no initials to indicate Plavix received for a dose scheduled on 1/31 was no explanation written on the back of the form.

7. There were no initials to indicate Ferrous received for doses scheduled on 01/2 01/2 were no explanations written on the back of the MORs regarding the missed dosages. Also, initials were circled on the doses scheduled for January 6, 9, 10, 12, 13, 14, 19 and 20, which indicated a missed dosages. However, there were no explanations written on the back of the MORs regarding the missed dosages.

8. There were no initials to indicate Duoneb

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SAVANNAH COURT OF THE PALM BEA	2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401

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A 054	Continued From page 16	A 054		

received for treatments scheduled as follows:
[redacted] at midnight
[redacted] at midnight
[redacted] at 6:00 PM
[redacted] at 12:00 PM
[redacted] at midnight
[redacted] at midnight
[redacted] at midnight
[redacted] at midnight
[redacted] at midnight
[redacted] at 6:00 PM and midnight
[redacted] at 6:00 AM and midnight
[redacted] at midnight
[redacted] at midnight
[redacted] at 6:00 AM and midnight
[redacted] at midnight
[redacted] at 6:00 AM, 12:00 PM and midnight
[redacted] at midnight
[redacted] at midnight
There were no explanations written on the back of MORs regarding the missed dosages. Also, initials were circled on scheduled doses for [redacted] at midnight, [redacted] at midnight, [redacted] at 6:00 AM, and [redacted] at 6:00 AM, which indicated a missed dosage. However, there was no explanation written on the back of MORs regarding the missed dosages.

9. There were no initials to indicate [redacted] was received for a dose scheduled on [redacted]. There was no explanation written on the back of MORs regarding the missed dosages.

10. There were no initials to indicate [redacted] drops were received for doses scheduled on [redacted] at 9:00 PM and [redacted] at 9:00 AM and 9:00 PM. There was no explanation written on the back of the form. Also, initials were circled on the [redacted] 9:00 PM dose, which indicated a missed

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A 054	Continued From page 17 dosage. However, there was no explanation written on the back of MORs regarding the missed dosages. 11. There were no initials to indicate [redacted] was received for a dose scheduled on [redacted]. There was no explanation written on the back of MORs regarding the missed dosages. 12. Initials on individual scheduled doses of [redacted] were circled on [redacted] through [redacted] which indicated a missed dosage. However, there were no explanations written on the MORs regarding the missed dosages. 13. Initials on individual scheduled doses of [redacted] C were circled on [redacted] and [redacted], which indicated a missed dosage. However, there were no explanations written on the MORs regarding the missed dosages. These concerns were discussed with and acknowledged by the Director of Nursing, with the Administrator present, on [redacted] at 4:20 PM. Class III	A 054		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the	A 160		

Agency for Health Care Administration

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A 160	Continued From page 18	A 160		

facility.
(b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s:
1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and
2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of
Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.
(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by

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A 160	Continued From page 19	A 160		

facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with Alzheimer ' s disease or related disorders, a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the

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A 160	Continued From page 20 last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain detailed written records related to major incidents that occurred for 1 out of 3 sampled residents (Resident #3). As evidenced by lack of documentation showing complete investigations were conducted. The findings include: Resident #3 was admitted to the facility on [redacted] with diagnoses including [redacted] and [redacted] with [redacted]. Her medical conditions, physical limitations, lack of cognition and her behavior put her at high for [redacted]. Review of her record and facility records conducted [redacted] documented the following major incidents experienced by this resident: 1. On [redacted], she was found on the floor of the community living [redacted], she received a [redacted] to her right elbow area and was transported to the hospital for evaluation and treatment; the intervention to prevent recurrence was "Resident [redacted], unable to explain what happened." 2. On [redacted], she was found on the floor of the	A 160		

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A 160	Continued From page 21	A 160		

community living ; she received two to her right elbow area and was transported to the hospital for evaluation and treatment; the intervention to prevent recurrence was "Resident taken to hospital".

There was no documentation showing facility staff conducted thorough investigations of the incidents, specifically:
a) Full detailed descriptions of what occurred with attention to underlying reasons for the incident.
b) Full accountings of all staff involved, including written witness statements where available.
c) Full accountings of medical or other services provided to the resident and by whom, including assessments, first aid and comfort measures; including services provided by non-facility individuals.
d) Documentation showing required parties such as health care providers and emergency contacts were notified, including dates and times.
d) Steps taken to prevent recurrence of the incidents were inadequate. Failure to document sufficient steps to prevent reoccurrence other than resident's diagnosis documented.

Further record review revealed a significant history of for Resident #3:
1. On , she was found on the floor near her bed and received a to her right lower leg.
2. On , she was found on the floor next to her recliner.
3. On , she was found on the floor in her apartment.
4. On , she was found on the floor in her apartment.
For a resident with a history of frequent , investigating underlying causes of and follow up with proper interventions based on medical

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A 160	Continued From page 22 and safety evaluations and possible treatments should occur with each incident. There was minimal documentation showing facility staff responded to these incidents with a proper investigations and preventive actions. This was discussed with the Director of Nursing and Administrator on [redacted] at 4:55 PM. Class III	A 160		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Court Of The Palm Beaches
2090 N. Congress Avenue
West Palm Beach, FL 33401

Dear Administrator:

Re: CCR #2013001840

This letter reports the findings of a state complaint survey that was conducted on 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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