STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953328	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Place Care Center	1230 Powers Avenue Holly Hill, FL 32117	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
A relicensure survey was conducted on , 2013.
Savannah Place Care Center had Licensure deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview, the facility failed to provide a safe and sanitary environment free from pests in 1 out of 6 resident effecting 1 out of 6 sampled residents (Resident #6). In addition, the facility failed to provide appropriate health care consistent with recognized community standards for control procedures during medication assistance with self-administration of medications by touching medications with bare hands for 2 out of 2 sampled residents (Resident #1 & #4) at medication pass.

The findings include:

1) Initial tour of the facility on at approximately 8:25 AM found to be a single occupancy belonging to Resident #6. The cluttered with clothing in piles on the floor and in the two window sills in the . A rocking chair in the center of the covered in a clothing pile, approximately four feet in height. A nightstand was present to the left hand side of the head of the bed. The nightstand had contact paper loosely covering the top. Closer observation found 7 roaches scattering upon lifting the paper. There were 6 roaches present crawling around on the floor at the head of the bed and on the box spring. Upon tapping the back of the nightstand, a count of 12 roaches crawled out of the cracks and scattered before back into the nightstand. Peeling the particleboard back from the nightstand a quarter of an inch revealed 17 small cockroaches.

In an interview with the administrator on at 9:47 AM, she confirmed the cockroaches. She reported that the resident would not allow staff into her that "it is her right".

In an interview with the facility ' s pest control company ' s representative on at 10:40 AM he explained the roaches found in were German cockroaches. He reported that he had been out at the facility " several times " but has been unable to spray in because it was too cluttered.

The Department of Health came to the facility on at approximately 1:30 PM. The Health Inspector gave an unsatisfactory health inspection at the time of his visit for vermin presence/infestation.

2) On at approximately 3:40 PM, Employee #5 was observed for assistance with self-administration with medication. Employee #5 washed her hands, went to the medication cart, unlocked the locked and pulled out the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953328	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Place Care Center	1230 Powers Avenue Holly Hill, FL 32117	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

medication bubble pack for Resident #1. She opened the back of the bubble pill pack and removed the medications using her pointer and middle finger and placed the pills into a medication cup with her bare hands. Employee #5 handed the pills in the medication cup to Resident #1. Employee #5 then opened the back of the bubble pill pack and removed medications for Resident #4 using her pointer and middle finger and placed the pill into a medication cup using her bare hands. She did not wash her hands between touching Resident #1 ' s medications and touching Resident #4 ' s medication.

In an interview with Employee #5 on ... at 3:51 PM, she reported that she was unaware she could not touch the medications with her hands.

In an interview with the Administrator on ... at 3:52 PM, she confirmed that the staff are trained not to touch the medications with bare hands. She reported that Employee #5 should have used a spoon to remove the medications from the bubble pack.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to provide a safe and sanitary environment free from pests in 1 out of 6 resident ... ~~effecting~~ affecting 1 out of 6 sampled residents (Resident #6).

The findings include:

Initial tour of the facility on ... at approximately 8:25 AM found ... to be a single occupancy ... belonging to Resident #6. The ... cluttered with clothing in piles on the floor and in the two window sills in the ... A rocking chair in the center of the ... covered in a clothing pile, approximately four feet in height. A nightstand was present to the left hand side of the head of the ... bed. The nightstand had contact paper loosely covering the top. Closer observation found 7 roaches scattering upon lifting the paper. There were 6 roaches present crawling around on the floor at the head of the bed and on the box spring. Upon tapping the back of the nightstand, a count of 12 roaches crawled out of the cracks and scattered before ... back into the nightstand. Peeling the particleboard back from the nightstand a quarter of an inch revealed 17 small cockroaches.

In an interview with the administrator on ... at 9:47 AM, she confirmed the cockroaches. She reported that the resident would not allow staff into her ... that "it is her right".

In an interview with the facility ' s pest control company ' s representative on ... at 10:40 AM he explained the roaches found in ... were German cockroaches. He reported that he had been out at the facility " several times " but has been unable to spray in ... because it was too cluttered.

The Department of Health came to the facility on ... at approximately 1:30 PM. The Health Inspector gave

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953328	**09/12/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Place Care Center	**1230 Powers Avenue Holly Hill, FL 32117**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

an unsatisfactory health inspection at the time of his visit for vermin presence/infestation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Savannah Place Care Center
1230 Powers Avenue
Holly Hill, FL 32117

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054