STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Oviedo I	355 Alafay Woods Blvd. Oviedo, FL 32765	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments
Re-licensure survey was conducted on

Savannah Court of Oviedo I had 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, record review and interview the facility did not ensure physical were used only with a biannual, written order from the resident's physician for1 of 8 sampled residents (#2).

Findings:

Tour of the facility on at approximately 10:15 AM revealed resident #2 was in bed with half side rails up and had a sitter with him.

Resident record review revealed resident #2 had an Assisted Living Facility Health Assessment Form (1823) updated on that stated diagnoses of and The 1823 stated the resident was on hospice and was

The resident was unable to raise and lower the side rails due to his process and debility.

Review of the resident record revealed there was no documentation to review to indicate a physician's order for the use of the half side rails had been obtained.

In an interview with the administrator and the resident care director on at approximately 4 PM who stated the resident did not have an order for the use of the half rails.

Class III

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

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview the facility failed to ensure staff had an annual statement from a health care provider that stated they were freedom from for 1 of 4 sampled staff (Staff C).

Findings:

Review of personnel files revealed Staff C date of hire revealed a negative chest x-ray results on . There was no documentation to review to indicate a assessment was conducted annually (due on

In an interview with the administrator on at approximately 4 PM who was unable to find the annual assessment.

Class III.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview the facility failed to ensure, for staff who worked alone, they had completed a current First Aid course for 1 of 4 sampled staff (Staff C).

Findings:

Review of personnel files revealed Staff C who worked alone on the 11 PM to 7 AM shift, did not have current documentation of completion of a current course in First Aid Staff C had current certificate for training that expired in 2014.

Interview with the administrator on at approximately 4 PM who stated she thought the staff took the and the First Aide course at the same time.

The manager was given the opportunity to email the First Aide certificate and it was not received.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview the facility failed to ensure the person in charge of food services, completed 2 hours of continuing education annually in topics pertinent to nutrition and food service for 1 of 4 sampled staff (Staff D).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Findings:

Review of personnel files revealed there was no documentation to indicate the person in charge of food services; Staff D had completed 2 hours of continuing education annually. The staff received 1 hour of continuing education in topics pertinent to nutrition on and needed a total of 2 hours.

In an in interview with the administrator on at approximately 4 PM, who stated she was not aware the staff did not have the required 2 hours of training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Court Of Oviedo I
355 Alafay Woods Blvd.
Oviedo, FL 32765

Dear Administrator:

Re: CCR #Biennial relicensure

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 (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(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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