STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964598	11/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Grand Of Amelia Island	1900 Amelia Trace Court Fernandina Beach, FL 32034	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted on , 2013. Savannah Grand at Amelia Island had licensure deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to ensure a completed Health Assessment for 1 of 8 sampled residents (Resident # 7).

The findings include:

A resident record review revealed an incomplete Health Assessment dated for Resident # 7. Section 2 B of the Health Assessment did not answer if the resident needs help with taking his or her medications. The Health Assessment did not check " Needs Assistance with Self-Administration of Medications " or " Needs Medication Assistance " . They were both left blank. On page 5 of the Health Assessment the administrator or designee had not signed the document.

On at 1:10 PM, in an interview with the administrator, stated that all areas of the Health Assessment should be completed and signed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Savannah Grand of Amelia Island
1900 Amelia Trace Court
Fernandina Beach, FL 32034

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

KW/sm
Enclosure

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