STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965678	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Lakeland	6550 N Scorum Loop Road Lakeland, FL 33809	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on

The Savannah Court of Lakeland, assisted living facility, had deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review and interview, the facility did not ensure that the health assessments (1823) for 1 of 2 residents (#9) was completed in entirety.

Findings include:

A review of the record for resident #9 admitted on revealed that the health assessment (1823) dated did not include the method of medication management this resident required. This section of the assessment was left blank.

During an interview (about 4 p.m.) the administrator indicated that she would have the physician complete a new assessment.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based upon record review & interview the facility did not ensure that medication observation records (MOR's)were maintained accurately & up to date for 1 (#9) of 4 residents reviewed.

Findings include:

A review of the 2014 medication observation record for resident #9 revealed the MOR had been annotated with staff initials and circled indicating that medications were not given.
The medications & dates are as follows;

1. Polyeth Glyc Pow 3350 NF to be given 17gr. in 8 oz. of tea or water daily-The MOR was circled for the dates of though for the 9:00am dosage.

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2. 40mg.1 tab daily. The MOR was circled for / for the 9am.
3. 10mg.1 tab daily. The MOR was circled for the 9am dosage on / .

A review of the back of the MOR revealed no notations as to why the medicine was not given.

Interview with facility staff at about 3pm could not determine the reason for the medications not being given.

Class III

0083-Training - First Aid and . 58A-5.0191(4) FAC

Based on record review and interview, one of three staff sampled (A) did not hold currently valid cards documenting First Aid and course completion.

Findings include:

A review of personnel records during the survey revealed that Staff A (hired) had a First Aid certification that had expired and a card that had expired . Review of the staffing schedule found that this employee was regularly scheduled to work alone in the facility. An interview with the administrator at approximately 1:20 p.m. on / revealed that she was unaware said documents were missing from the file.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based upon a review of resident records the facility did not ensure that therapeutic diets were prepared & served as ordered by the health care provider for 1 of 2 residents (#13).

Findings include:

A / review of the record for resident #13 revealed the health assessment (1823) dated reflected the resident was to be on a pureed diet. The resident was never served a pureed diet according to interview with the dietary staff (approx. 3pm). The dietary department did maintain a list of all residents on therapeutic diets. On the list provided by dietary, resident #13 was noted to be served a diet. During a further review of the residents records, there was not an order for a diet on file.

Discussion with both dietary & management verified there was inconsistencies concerning the documentation on file for this resident regarding the type of diet this was has been served. Management said they would contact Hospice for order clarification.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savannah Court of Lakeland
6550 N Scorum Loop Road
Lakeland, FL 33809

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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