STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	02/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Bartow	290 Idlewood Avenue Bartow, FL 33830	
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 - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service 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
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on & .

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

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

Based upon record review the facility did not ensure that 2 (#1 & 2)of 3 health assessments were completed in entirety.

Findings include:

1. The resident health assessment (1823) dated for resident #2 was noted that the resident did not require assistance with medications. During staff interview on at 3:00pm, the staff responsible for assisting residents with medications stated the resident did need and was receiving assistance. This was verified by observation of the residents medication records and medication storage in the facility locked med cart.

A further review of the residents record revealed no recent orders or updated health assessment (1823 from the health care provider indicating the change.

2. A review of the record for resident #1 admitted on revealed this residents health assessment (1823) did not indicate the type of assistance required for medication management. The health assessment up-dated on reflected the resident required help with medications but did not indicate the type of help required (supervision or administration).

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon record review, 1 (B) of 3 sampled personnel records did not contain documented evidence of all required training.

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Findings include:

A review of the personnel record for staff B hired on revealed no written verification of training in the facility elopement response procedures, the facility emergency management plan , major & adverse incident reporting & safe food handling procedures.

Class III

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

Based upon a review of 3 sampled personnel records the facility did not ensure that there was at least one staff on premises at all times with 1st Aid & certifications.

Findings include:

A review of the personnel record for staff B, hired who works the 3 p.m. to 11 p.m. & 11 p.m. to 7 a.m. shift alone for certain portion of the shift (from 1 to 2 hours) revealed no verification of 1st Aid certification on file. The staff only had proof of valid .

Class III

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

Based upon a review of the facility 3-day supply of non-perishable food, there was not an adequate supply on hand based upon the number of weekly meals the facility has contracted to serve on hand at all times.

Findings include:

Observation on of the facility non-perishable food supply on revealed it to be low and not meeting the regulatory requirements. A review of food items available revealed that only 1 case of Vienna sausages (4.75 oz x 12 cans) of protein was available (total 57 oz.).
No dairy source was observed.

The facility census at the time of this survey was 32 residents. The total protein required based upon 6 oz. per day per person times 3 days would be a total of 576 oz. The total available vegetables were 4 cans (each 4# 8 oz.) totaling 416 oz. Fruit totaled 4 cans of 6# 8 oz again a total of 416 oz. For a census of 32 resident (16 oz. per person per day) the totals would be 1536 oz.

The supply on hand during this survey did not meet the minimum requirements for 3 days for a census of 32 residents.

Class III

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0162-Records - Resident 58A-5.024(3) FAC

Based upon record review and staff interview the facility failed to ensure that 1 resident reviewed (#11)who was receiving Hospice services contained a copy of the Interdisciplinary the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.

Findings include:

A review of the record for resident #11 who was admitted on and currently receiving Hospice Care revealed there was not an Interdisciplinary Service Plan on recorded, only the Hospice Care Plan. Per discussion with management about 1pm, they were unaware of this requirement & will work with Hospice to develop a plan coordinated between the facility, hospice and resident/responsible party.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based upon record review and staff interview, the facility failed to provide 1 (#1) of 3 residents reviewed with a 30 day advance notice of rate increase.

Findings include:

A review of the record for resident #1 on revealed that a letter from the facility to the resident/responsible party dated informed of a rate increase to $3655.00 to go into effect on . The notice of rate increase did not provide at least 30 days advance notice as required by rule.

The administrator during interview on (about 1p.m.) acknowledged that this was not in compliance with facility practices & state regulations.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savannah Court of Bartow
290 Idlewood Avenue
Bartow, FL 33830

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 13 & 14, 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form