STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	03/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Haines City	301 Peninsular Drive Haines City, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014002625, was conducted from -

The Savannah Court of Haines City, assisted living facility, had a deficiency at the time of the visit.

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on observation, interview and record review, the facility failed to insure that a nursing service(administration and regulation of) was only provided to one of six sampled residents (Resident #2) by a licensed nurse and the facility provided this service without a limited nursing services license.

Findings include:

An observation of Resident #2 on at 12:50 p.m. revealed Resident #2 sleeping in her bed. An concentrator was observed near her bed. A note taped to the wall read "Please put tube every night per family. Helps with her breathing. Thanks." (photo taken)

A review of Resident #2's record conducted on revealed that Resident #2 was on Hospice and on was ordered to have 2 liters of concentrated via nasal cannula for comfort. (photo taken).

Employee B was interviewed on at approximately 1:25 p.m. Employee B stated that Resident #2 requires assistance to put the nasal cannula on and to turn the on and off and make sure the setting is correct and unlicensed staff on duty at night assist Resident #2 with this.

A review of the facility's license on Floridahealthfinder.gov confirmed that the facility has a standard license.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

Administrator
Savannah Court of Haines City
301 Peninsular Drive
Haines City, FL 33844

Dear Administrator:

Re: **CCR# 2014002625**

This letter reports the findings of a complaint survey that was conducted on 18-21, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

FDR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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