STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	202 Strawberry Oaks Drive Orange City, FL 32763	
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
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders 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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey was conducted on , 2014.
Savannah Court of Orange city 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 have an updated health assessment for 1 of 2 sampled residents (Resident #6).

The findings include:

Record review of Resident #6's Health Assessment (1823) dated revealed the resident required 24 hour nursing or care.

On at 1:30 pm an interview was conducted with the Executive Director (ED). The interview revealed that Resident #6 ' s Health Assessment was not correct. Further interview revealed Resident #6 ' s health care provider was not contacted to update the health assessment and that Resident #6 did not need 24 hour nursing or care.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and staff interview the facility failed to honor Resident Rights for appropraite health care consistent with established & recognized standards within the community by not following adequate control practices for 1 of 4 sampled Residents. (Resident #5).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	**202 Strawberry Oaks Drive Orange City, FL 32763**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

On at 9:30am during morning medication pass, Employee D was observed wearing gloves and picked something up from the floor and throw it in the trash. Employee D did not remove her gloves, wash her hands, or use hand sanitizer after picking up the item from the floor. She continued with her medication pass and provided direct care to Resident #5. Employee D used eye scrub cleansing pads to both eyes of Resident # 5 with the soiled gloves.

On at 2:15pm an interview was conducted with Employee D. She confirmed she did not wash her hands, use hand sanitizer or change gloves before or after cleansing Resident #5's eyes. Further interview revealed that Employee D stated she did pick up trash from the floor before applying the eye scrub and did not wash her hands.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to follow the correct procedure for assistance with self-administration of medications for 4 out of 4 sampled Residents. (Residents # 5, #6, #9 & #11)

The findings include:

On at 9:30 AM, an observation of medication pass revealed Employee D did not read the labels of the medications to the residents or explain what medications were being given for Residents # 5, #6, #9 and #11.

On at 2:15pm an interview with Employee D was conducted. She stated in her medication training she was instructed to read each medication label to the Resident and explain what every medication was for. She confirmed she did not do this during medication pass on .

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and staff interview, the facility failed to have an accurate Medication Observation Record for 2 out of 4 sampled Residents. (Resident's #5 and #6)

The findings include:

1) Record review of the 2014 medication observation record (MOR)for resident #6 revealed 1 tab daily. No dosage listed.

On at 1:30 an interview with the Executive Director (ED) revealed that the medication observation record for 1 tab daily was incorrect as it did not have the dose listed.

2) During observation of the refrigerated medications on at 10:40 a.m., a medication NPH ( ) was observed for Resident #3. The instructions read " NPH inject 31 units in the morning and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	**202 Strawberry Oaks Drive Orange City, FL 32763**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

25 units in the p.m."

A review of the Interdisciplinary Communication Flow Sheet from / 2014 revealed several days when there was no documentation that the resident's was given twice a day; , and

On at 11:55 a.m. , the Residential Care Coordinator (RCC) stated that Home Health injected the for this resident in the morning and usually the daughter gave the injection in the evenings. However, whenever the daughter was out of town, then Home Health Agency would have to come in the evenings to do the injections. The RCC confirmed there were some days when the was only documented once a day. She did not know if the home health nurse failed to perform this injection and / or document it or if it was the resident's daughter who was supposed to do it.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to store medications securely for 3 of 14 residents, Residents #2, #3, and #14.

The findings include:

1) On at 10:40 a.m. an observation of the refrigerated centrally-stored medications was completed. All residents receiving had their stored in this refrigerator. They were placed in individual clear sealed storage bags. One bag revealed vials of two residents, Residents #2 and #3. Resident #2 had two vials of Lantus in it and Resident #3 had two vials of NPH. The Executive Director and Resident Care Coordinator were both present and confirmed that the two resident were located in the same bag.

2) On at 12 noon, the medication was wide open and there was no staff present. The surveyor walked into the found a bottle of on the counter belonging to Resident #14. The not secured. The Executive Director on at 12:01 p.m. confirmed the unlocked medication . She stated the Resident Care Coordinator should have the door locked at all times.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and staff interview, the facility failed to ensure that medications labels were updated to refelct the change of order for 1 of 14 sampled residents (Resident #2).

The findings include:

An observation was made of the refrigerated medications on at 10:40 a.m. A medication label for Resident #2, Lantus, was observed with instructions to give 12 units at hour of sleep. Review of the resident's clinical record revealed that a home health nurse was administering this medication in the mornings. The clinical record did not have an order for this medication. The Resident Care Coordinator (RCC) on at 10:45 a.m. confirmed there was not a physician order for this medication on the clinical record. The RCC called over to the home health agency and they faxed over the resident's Home Health Certification and Plan of Care from

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	202 Strawberry Oaks Drive Orange City, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

2/14/2014 through 4/14/2014. It revealed Lantus 12 units to be given daily . There was no updated or alert label on the Lantus, alerting staff of the change in direction.

A telephone interview was conducted on at 11:14 a.m. with the home health nurse. She confirmed that staff came in the morning to give the to Resident #2. She did not know why the label of the Lantus vial still had instructions to give at night and confirmed the order had been changed.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and staff interview, the facility failed to ensure that staff receive the required trainings for Elopement Response, Adverse Incidents Reporting, Emergency Procedures, Control/ Universal Precautions, Resident Behavior-Needs, Activities of Daily Living, Resident Rights, /Neglect/ , and Safe Food Handling for 1 of 3 sampled employees (Employee C).

The findings include:

Review of the personnel record for Employee #C revealed a date of hire of as a caregiver. The Executive Director provided in-service training for this new employee on , 2014 in the areas of / , Elopement,Policies, Demonstrated Understanding/ Drill Reporting Major Adverse Incidents- Emergency Procedures/ Chain of Command, Control/ Universal Precautions/ Sanitation, Resident Behavior-Needs/ ADL's. Resident Rights/ /Neglect/ , and Safe Food Handling. All of these trainings were on one certificate of completion with a total of 3 hours.

The Executive Director(ED) on at 1:35 pm confirmed that all of the above trainings were completed in 3 hours . The three required hours would only meet / training (2 hours) and one other training (1-hour) The ED stated she would adjust the training schedule to reflect the required time amounts for each training.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on employee record review, employee staff schedule review, and staff interview, the facility failed to have a staff member who works alone have a current and first aid card for 1 of 3 sampled employees (employee G).

The findings include:

Review of the 2014 staffing schedule revealed that there was only one staff member scheduled to work the night shift (11p.m-7a.m.) They had two staff members that alternated working this shift. Review of their personnel files revealed that only one of them had current /First Aid certification. Employee G did not have

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	202 Strawberry Oaks Drive Orange City, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

current training in / First Aid
The Executive Director on 4/7/2014 at 2:51 p.m. confirmed that Employee G did not have her current /First aid certification.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and staff interview, the facility failed to ensure that direct care staff receive training in the facility's policies and procedures regarding ( ) within 30 days after employment for 1 of 3 sampled employees (Employee C).

The findings include:

Employee C was hired on as a caregiver. Review of her personnel record found no documentation of training. The Executive Director was interviewed on at 2:40 p.m. and confirmed that this employee did not have training.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on personnel record review and staff interview, the facility failed to ensure that staff receive the required trainings for Elopement Response, Adverse Incidents Reporting, Emergency Procedures, Control/ Universal Precautions, Resident Behavior-Needs, Activities of Daily Living, Resident Rights, /Neglect/ , and Safe Food Handling for 1 of 3 sampled employees (Employee C).

The findings include:

Review of the personnel record for Employee #C revealed a date of hire of as a caregiver. The Executive Director provided in-service training for this new employee on , 2014 in the areas of / , Elopement,Policies, Demonstrated Understanding/ Drill Reporting Major Adverse Incidents- Emergency Procedures/ Chain of Command, Control/ Universal Precautions/ Sanitation, Resident Behavior-Needs/ ADL's. Resident Rights/ /Neglect/ , and Safe Food Handling. All of these trainings were on one certificate of completion with a total of 3 hours.

The Executive Director(ED) on at 1:35 pm confirmed that all of the above trainings were completed in 3 hours . The three required hours would only meet / training (2 hours) and one other training (1-hour) The ED stated she would adjust the training schedule to reflect the required time amounts for each training.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	04/07/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Orange City	202 Strawberry Oaks Drive Orange City, FL 32763	

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

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview on 4/7/14 the facility failed to ensure portion sizes were noted on the menu, and failed to provide an 1800 calorie American Association (ADA) diet for 1 of 2 sampled residents (Resident #3).

The findings include:

1. Observation of menu posted outside of dining for the week of - listed lunch for 7 as salad of the day, meat loaf, mashed potatoes with gravy, seasoned mixed vegetables, dinner roll, chilled mandarin oranges, milk,coffee, tea and assorted fruit drinks. There were no portion sizes on any of the items.

An interview with the Executive Director (ED) at 1:15 p.m. on confirmed portion sizes were not on the menu. She stated "the facility policy was to give 4 oz of each item with fruit."

An interview with Employee F in the kitchen at 2:22 p.m. on revealed she used a 2 oz or 4 oz ladle to measure portions of meat and vegetables.

2. A review of Resident #3's Health Assessment dated revealed an 1800 calorie ADA diet was listed.

Review of facility menus did not reveal an 1800 calorie ADA diet available.

An interview with the Executive Director on at 2:00 p.m. revealed the facility did not have this diet to provide the resident per health assessment. The ED stated "all our menus were for ." She confirmed the calories were not listed and varied each day.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savannah Court of Orange City
202 Strawberry Oaks Drive
Orange City, FL 32763

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on , 2014 by representatives 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 **, 2014** 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054