STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	**04/28/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Court Of Lake Wales	**12 East Grove Avenue Lake Wales, FL 33853**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2014001395 & CCR# 2014001090, were conducted on .

The Savannah Court of Lake Wales, assisted living facility, had a deficiency at the time of the visit cited relative to CCR# 2014001395.

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

Based upon observation, record review & interview the facility did not ensure that medication records were maintained accurately & up to date for 4 (#3, 6, 7 & 8) of 6 residents reviewed.

Findings include:

A observation of the noon medication pass & a review of the 2014 medication observation records (MOR's) revealed that the records had not been annotated that residents received their prescribed medications as follows;

1. The MOR had not been annotated that resident #3 received her - 5-325mg. (to be given 1 tab every 6 hours) on & at 12 am, at 12 noon, at 6pm. According to staff conducting the medication pass (12:30pm), she was on duty on and remembers giving the resident her medication but did not mark off on her medication record. The count sheet did reflect it was given on at 11:30pm & at 6am. The narc sheet did not reflect the resident received the medication on at 12 am.

2. A review of the MOR for resident #6 revealed the MOR had not been annotated that the resident received her Iferex 150mg cap (to be given 1 three times daily) on & at 12 noon.

3. A review of the MOR for resident #7 revealed it had not been annotated that the resident received her 600 +D on & at 12 noon & her 10mg. to be given daily at 8pm on .

4. A review of the MOR for resident #8 revealed it had not been annotated that the resident received her Sol eye drops (to be applied 1 drop in both eyes 4 times daily) on at 8pm.

During exit interview at 4pm, the administrator said that she will ensure staff responsible for assisting with residents medications are in-serviced & an internal assessment is implemented.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savannah Court of Lake Wales
12 East Grove Avenue
Lake Wales, FL 33853

Dear Administrator:

Re: **CCR# 2014001395 & CCR# 2014001090**

This letter reports the findings of two complaint surveys that were conducted on , 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161