STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	06/19/2014
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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on , in conjunction with a revisit.

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

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

Based on record review and interview, one of three direct care staff sampled (D) had not yet received training in First Aid.

Findings include:

A review of the personnel file of Staff D (hired) during the survey revealed no documentation attesting to the fact that he had taken a course in First Aid. In an interview with the administrator at approximately 1:20 p.m. on , she explained "that Staff D had not yet received this training and that he was signed up for a First Aid course set to be provided on ."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a biennial state licensure survey that was conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was corrected relative to the revisit and the deficiency identified relative to the biennial survey. 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 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 Ulman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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