STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	06/26/2014
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)		

Revisit Corrected Tags:
0008-Admissions - Health Assessmen
0030-Resident Care - Rights & Facility Procedures
0055-Medication - Storage And Disposal-(
0081-Training - Staff
0083-Training - First Aid And
0090-Training -
0091-Training - Documentation & Monitoring-
0093-Food Service - Dietary Standards-

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
Specific Tag Findings:

0000-Initial Comments
A follow-up survey was conducted on 26, 2014.
Savannah Court of Orange City had Licensure deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to read the medication labels in the presence of the residents during assistance with self- administration of medications for 2 of 3 sampled residents, Residents #1 and #3. The facility failed to remove the the prescribed amount of medication from it's container for 1 of 3 sampled residents, Resident #1. This was previously cited , 2014.

The findings include:

1) A medication observation was made on at 8:40 a.m. with Employee A, a medication assistant. She removed all of the medication cards for Resident #1 and popped each one out individually and placed them in a plastic medicine cup. She then crushed all of the medications and added applesauce to them and spoon fed them to the resident. She did not read the label to the resident or tell her what she was giving her.

A medication observation was made on at 9:06 a.m. with Employee A. She removed all of the medications for Resident #3 and placed them in a plastic medicine cup. She brought the cup to the resident's handed it to the resident. She told her she had all of her She did not read the label or explain what she was giving her.

Employee A was interviewed on at 10:25 a.m. She stated both residents needed assistance with self-administration of medications. She confirmed she did not tell Residents #1 and #3 what medications she was giving them.

The Resident Care Coordinator on at 10:26 a.m. stated that Employee A did not follow the right protocol for assisting with medication self-administration.

2)On at 9:06 a.m., Employee A, a medication assistant was observed to pass medications to Resident #1. She removed one capsule, Fish Oil 1000 mg and placed it in the medication cup along with other

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medications. She then brought the medications to the resident and handed them to her .

Review of the clinical record for Resident #1 revealed a physician order for Fish Oil 1000 mg , take two capsules every day.

Employee A was interviewed on at 10:25 a.m. She confirmed she only gave one Fish Oil. She stated that since the Fish Oil was already 1000 mg, she only gave one. That was how she interpreted the order.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to maintain a daily medication observation record(MOR) for 1 of 3 sampled residents, Resident #1.This was previously cited 2014.

The findings include:

Review of the 2014 MOR for Resident #1 revealed two medications that were not documented as given. One was and the other one an patch (for The was not signed on 1st or 13th of month. It was blank with no explanation why it was not given. The staff members initials for the patch was circled on the 15th, 16th, and 17th of . The medication was left blank on the 18th of . There was no explanation why the medication was not given on those days.

An interview was conducted with the Resident Care Coordinator on at 10:40 am. She confirmed that the MOR did not have explanations why the medications were not given.

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 revisit survey conducted on , 2014 by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

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

LW/JM/sm
Enclosure

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