STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	06/23/2014
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

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

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on interview, observation and a review of Medication Observation Records (MORS), 3 of 6 residents reviewed for assistance with medications did not receive their medications as prescribed. (Resident #'s 1, 8 and 11).

During the medication pass on at approximately 12 noon, the medication observation record for Resident #8 was noted to have several medications initialed and circled as not given on various days. The Resident Care Coordinator (RCC) explained that the facility is waiting for the physician to renew the medications so that the pharmacy can fill them. The RCC and nurse from the Home Health agency that the facility uses, have called the pharmacy on several occasions regarding the medications, but have not gotten a response.

She also stated that the residents whose meds have not been filled have non facility physicians and they cannot get them to respond to their requests. They are discussing with the residents and their families, the option of changing their primary care physicians to the one who visits their facility.

Resident #8 has not received the following medications on the dates listed:

G5 500 mg take 1 tab by mouth twice a day (8 am and 5pm) was only documented as given on / at 8 am and at 8 am. The 5pm doses on / and were not given nor were all other doses for the month of 2014. There was sporadic documentation on the reverse side of the MORS stating "waiting on refill".

Resident #8 did not receive 10 mg 1 tablet by mouth daily on , and through . There was only documentation on and stating that "Dr. needs to approve refill".

The 2014 MORS for Resident #11 was reviewed and it was noted that the resident had not received her 10 mg one by mouth at bedtime for high during the entire month of 2014. There was sporadic documentation on the reverse side of the MORS stating 75 mg "waiting for refill".

Interview with the RCC revealed that this resident fills her own medications through mail order. The facility has recently asked for an order for Home Health skilled nursing visits for medication management.

Resident #1 was interviewed on at 10:55 A.M. He stated that the facility had run out of his stool softener at

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one time.

A review of Resident #1's , , and 2014 MORS revealed the following:

In , 2014, Resident #1 did not receive HCLTab 50 mg 3 times a day from the 4 pm dose on through . There was one documented note on the reverse side of the MOR dated stating "waiting on medication"

In 2014, Resident #1 did not receive tab 50 mg 3 times a day at 8am and 12 pm from through . The facility could not explain why the MOR was documented with initials as having given the medication at 4 pm only on those days. There was one documented entry on the reverse side of the MOR dated (no time) stating "waiting on pharmacy to deliver".

In 2014, Resident #1 did not receive tab 50 mg 3 times a day from 4 pm on , 2014 through , 2014. Sporadic documentation on the reverse side of the MOR stated "waiting on refill".

The stool softener that the resident mentioned during interview as having not received (Sol 70% 30 ML twice daily for was circled on the MOR as not given on at 8 am. with no explanation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

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

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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