STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
A complaint survey, CCR #2014006973 was conducted at Savannah Court of Orange City on , 2014. Deficiencies identified.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record reviews, the facility failed to provide care and services appropriate to the needs of 1 of 5 sampled residents with (Resident #2) The facility failed to provide sufficient staffing for the adequate supervision of 6 of 15 sampled residents (Residents #3, #5, #6, #13, #14, and #15).

The findings include:

1. A tour of the facility was conducted on at 5:25 am. On entry, it was discovered that only one employee, Employee A, was present in the facility. She stated at this time she had worked alone in the facility overnight, as the second employee called in for her shift. The facility census at the time of survey was 38 residents.

Resident #14 was observed in the lobby/living the front of the facility. She was fully dressed and upright in her wheelchair with sunglasses on, however was slumped forward and appeared to be sleeping. In the center of the living the couch sat Resident #15. She was fully dressed, and also slumped forward, with her eyes closed. Neither resident responded when greeted by the survey team. Throughout the morning, the residents were observed in the same position in the living Both appeared to remain asleep in their upright seated positions until 7:48 am, when Employee B removed Resident #14 from the living took her to the dining breakfast.

At 5:30 am, Resident #13 was observed in his He was up in his wheelchair, fully dressed for the day. His bed was neatly made. Resident #13 did not respond to the knock on the door. His eyes were closed and he was slumped forward in his wheelchair.

At 5:36 am the emergency bell call in rang. Employee A answered the call and assisted Resident #5. At 5:38 am, the bed call in sounded.

At 5:39 am, Employee A took Resident #5 from her the front of the facility. Resident #5 asked the employee why she had to "get up so early." Employee A replied she had to get up early in order to take her medications before breakfast. The bed call rang a second time at 5:41 am, and Employee A finally

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

answered it.

At 5:44 am the bed call [illegible] rang again. It was not clear if Employee A was still in the [illegible].

An interview was conducted with Resident #5 at 5:43 am on [illegible]. She stated she did not like get up so early. She said when she asked the staff why she had to get up so early in the morning, she was told it was so the medication could be passed and everybody could get their medicine. Resident #5 said there were not enough staff members on the overnight shifts.

At 5:50 am on [illegible], Resident #3's [illegible] entered. The resident was sitting at the foot of her bed, trying to squeeze around her full bedrail in order to get out of bed. She appeared to be stuck between the rail and the footboard of the bed. She asked the survey team for assistance getting out of bed, stating she had to use the [illegible]. The call light was pulled by the surveyor, and Employee A arrived at 5:55 am to assist her. At this time, Resident #4 could be heard yelling from down the hallway. As employee A arrived in Resident #3's [illegible] her call notification paging system alerted her to another bed call emergency for [illegible] and second [illegible] could not be clearly heard. As the alarms sounded, and the resident called from the hallway, Employee A tried to assist Resident #3 with a transfer into her wheelchair. At 5:58 am, the bed call alarms in [illegible] and [illegible] began to sound.

By 6:04 am, there were four residents in the front living [illegible]/foyer area of the facility. Resident #14 and one other unsampled resident appeared to be asleep in their wheelchairs, and Resident #15 still appeared to be asleep on the couch. Resident #4 was now present in the [illegible]. Employee B had recently arrived in the facility to assist.

At 6:08 am, the bed call alarm in [illegible] rang. In the front hallway at the entrance of the dining [illegible], 5 residents were observed sitting, and appeared to be waiting for something. One resident began yelling for coffee.

An interview was conducted with Resident #6 at 6:10 am on [illegible]. She was one of the 5 residents who sat outside of the dining [illegible]. She asked this writer "They're just NOW making coffee? So... what, are we going to sit here another hour and wait?" Resident #6 stated she was tired of always waiting on this (overnight) shift. She stated she got up about an hour ago, and had to sit there "like a slave" with the rest of the residents. When asked what time breakfast was, Resident #6 replied "We never know, what time is it now?" When told 6:11 am, she exclaimed "OH GOD!" She then said she would "sit there with everyone else like a bunch of dummies with their tongues hanging out until breakfast was served." Resident #4 then wheeled past, and went into the dining [illegible] began banging on a table. Resident #5 kept yelling at her to "STOP."

An interview was conducted with Employee B at 7:48 am on [illegible]. She stated Resident #14 requested to be seated in the lobby area at all times. When asked why Residents #14 and #15 were left in the front lobby since 5:00 am, she stated they both wanted to be there. She also stated they were also there for supervision. When asked if it was acceptable for the residents to remain in the lobby sleeping for 2 hours 45 minutes, she simply said "Oh, wow!" Employee B stated she did not realize the residents had been up and in the lobby for so long. Employee B then escorted Resident #15 to the dining [illegible] 7:49 am.

2. An observation of Resident #2 was conducted in his [illegible] 7:30 am on [illegible] Resident #2 was in bed, and his wheelchair was at his bedside. There were no floor mats on the floor beside the bed, and the resident's bedrail

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

was down. Multiple were observed on his An attempted interview proved unsuccessful, as the resident stated he could not hear a word this writer said.

A review of facility records found that on Resident #2 was found on the ground between his bed and rocking chair. Resident #2 did not know how he were sustained. Resident #2 had a on after getting up out of his wheelchair and falling on his head. Hospice was present, and bandaged him.

A record review conducted for Resident #2 found a note on the front of his chart dated , which detailed a follow-up visit with his physician. The notes indicated Resident #2 had a out of his bed on this date, with multiple injuries. It indicated the resident had a few The assessment revealed a full skin thickness tear to the right and partial skin thickness to the left arm. Further review of the resident's record found a prescription for mats at his bedside, dated .

Resident #2 had an 1823 dated which revealed he had diagnoses including noted Parkinson's a balance , and tremors. The physical and sensory limitations section noted frequent Special precautions instructed to give special attention to gait and balance. The Mobility Evaluation and Interventions tool dated noted Resident #2 had in the past 90 days, and had poor coordination, , difficulty walking, and were present.

An interview was conducted with Employee A at 7:35 am on She stated Resident #2 did not use floor mats at his bedside.

An interview was conducted with the Administrator at 8:15 am on When shown the prescription for floor mats, she stated she she did not know why they had not been ordered for Resident #2. She would have to ask the hospice nurse.

An interview was conducted with the Hospice nurse at 8:20 am on She stated she was not aware of the order for floor mats for Resident #2.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview with staff, the facility failed to ensure freedom from physical for 2 of 15 sampled residents (Residents #3 and #13) by permitting the use of full bed rails on each of their beds.

The findings include:

1. An observation was conducted for Resident #3 at 5:50 am on Resident #3 was sitting at the foot of her bed, trying to squeeze around her full bedrail in order to get out. She appeared to be stuck between the railing and the footboard of the bed. The other side of her bed was pushed up against her She asked the survey team for assistance getting out of bed, stating she had to use the The call light was pulled by a surveyor, and Employee A arrived at 5:55 am to assist Resident #3 with a transfer to her wheelchair.

A record review for Resident #3 found an AHCA 1823 (Resident Health Assessment) dated Resident #3 had diagnoses including mild memory problems, diverticulosis, and Physical or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

sensory limitations included generalized . . . and mild , making it difficult for her to ambulate without assistance. The assessment noted some memory loss and early signs of . . . Special precautions included . . . risk.

Resident #3 had physician's orders for a hospital bed, and did not receive hospice services. A consent for bed rails on the hospital bed was dated . . . and signed by the facility, but was not signed by the resident or a representative.

2. At 7:55 am on . Resident #13 was observed in his . . . . . the front door open. He was up in his wheelchair, fully dressed for the day, and his bed was neatly made. Resident #13 did not respond to the knock on the door. He appeared to be asleep, as his eyes were closed and he was observed to be slumped forward in his wheelchair. Full bedrail in upright position on wall side of bed, and a full lowered rail was observed on the side of the bed that was open to the . . . . .

An interview was conducted with Resident #13's wife at 9:45 am on . She stated the resident . . months ago, and sustained a hip . . . . She received a call last night that Resident #13 may have . . . . again. He sustained . to his elbows, but was not hurt. She confirmed full bed rails were likely in use for her husband, as when she came in some mornings, one side was still in the upright position.

A record review for Resident #13 found an AHCA form 1823 dated . . . . . Diagnoses included . hematoma. Resident required assistance with all activities of daily living. Hospital records and the history and physical dated . . . . . noted resident had a . . and sustained a . . . . hip .

An interview was conducted with the Administrator at 9:51 am on . . . . . She said she did not know how the full bed rails came into the facility, and confirmed they were not permitted to be utilized for any resident.

Class III

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on observation , record review, and staff interview, the facility failed to coordinate with home health services for . care per physician order for 1 of 13 residents, Resident #3.

The findings include:

On . . . . . at 5:47 a.m., Resident #3 was heard down the hallway calling for help. Employee A stated that the resident did that all the time. She stated just changed her brief about 20 minutes ago and she would go check on her if the surveyor would like.

On . at 5:49 a.m. , the resident was observed in her bed with a full bed rail on the right side of her bed and the other side against the wall. The resident had her feet off the bed slightly between the end of the side rail and the foot board. She was holding onto the bed rail and was asking for assistance . She asked if the surveyor knew how to remove the bed rail.
On . . . . . at 5:50 a.m., the resident was still observed to try to get out of bed. She was now sitting up between the end of bed rail and the foot board and her legs were squeezed together. She was trying to stand up. Her right foot was observed to have . over her toes and she had Kerlix wrapped around her right ankle and right lower leg.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

Review of the clinical record did not reveal the injury to the resident's leg/ foot. The Administrator confirmed this on at 8:59 a.m. however, she did state the resident was being seen by home health services and might have this documentation. Review of the clinical record revealed a physician order for home health care to cleanse right lower extremity wounds with normal dry, apply , cover with adaptic and wrap with Kling every day.

Review of the home health patient records on (no time) revealed the patient had a and had two lacerations or on the right lateral leg to right lateral ankle. The home health record did not reveal that the treatment was done on or . The Administrator on at 9:01 am confirmed this. The home health agency faxed over a nursing note dated It revealed "Upon nursing visit, unable to perform care per physician order due to supplies not available at this time(Bac , facility aware, supplies not delivered from pharmacy at this time, should arrive later today."

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review, and staff interview, the facility failed to properly assist with medication administration for 2 of 5 sampled residents, Residents #5 and #8.

The findings include:

On at 6:41 a.m., Employee A (non licensed staff) was observed to assist with medication administration to Resident #5. She placed the 3 medications in a medication cup and handed it to the resident. The resident poured them in her hand and then took them. Employee A did not tell the resident what medications she was giving her. The resident's current health assessment dated revealed she needed assistance with medication administration.

Employee A on at 6:41 a.m. confirmed she did did not explain what medications she was giving Resident #5.

On at 7 a.m., Employee A was observed to assist with medication administration for Resident #8. She placed one pill into apple sauce and went to the resident's The resident was lying in bed flat. Employee A scooped up a teaspoon of applesauce with the medication in it and placed it in the resident's mouth. Employee A did not tell Resident #8 what medications she was giving her.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review, and staff interview, the facility failed to have licensed staff administer a treatment to 1 of 6 sampled residents, Resident # 6.

The findings include:

On at 6:48 a.m. Employee A was observed to remove a treatment , 15 mcg/ 2ml and bring it to the Resident #6. The resident's machine was next to the sink. Employee A removed the top of the , opened up the and poured it in the , replaced the top, handed it to the resident and then turned on the machine. She then left the

On at 6:49 a.m. Employee A stated that she did have medication assistance training and she thought

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	10/01/2014
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)		

she was allowed to assist with . . She confirmed she was not a nurse.

Review of the resident's 2014 Medication Administration Record revealed non licensed staff was signing for giving this medication.

The Administrator on at 7:?50 a.m. confirmed that her medication technicians should not be assisting with treatments. She currently did not have nurses on staff.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to secure medications at all times in the medication cart.

The findings include:

On at 6:48 a.m. , Employee A prepared the medications for Resident #6 and escorted her to her for a treatment. She left the medication cart unlocked.

On at 6:51 a.m. , Employee A prepared a medication for Resident #7 and went into where she was lying in bed. The medication cart was unlocked and the top drawer was slightly ajar.

There were 4 residents sitting next to the medication cart outside of the dining had access to the medication cart.

On at 7 a.m.Employee A confirmed she had left the cart unlocked and she should always keep it locked.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation, record review, and staff interview, the facility failed to have appropriate staffing levels for 6 out of 30 days for the month of 2014.

The findings include:

On at 5 a.m. , there was only one staff member observed to be present, Employee A .
Employee A confirmed that she was the only staff working this night shift. She stated this was the first time she worked alone here (see has been employed here 2 1/2 weeks). She stated that there were 2 people scheduled for the night shift. There should have been a 12-6 a.m. person who did not show up. She did not call anyone when the second person did not show up. She stated that it was their policy that if you are going to miss work, you have to get it covered yourself. She did not know she should have called anyone. She just worked it herself. She stated that since she working by herself, she has been late providing medications and services. She stated the census was 38 today and about 12 residents needed care throughout the night and she needed to get residents changed and up as well as do 6 a.m. medications.

The Administrator was interviewed on at 7:47 a.m. She was not aware that there was only one person working last night. She reported she scheduled for two staff members on the night shift and staff to meet the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	**10/01/2014**
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)		

minimum staffing hour requirements. She stated Employee A should have called her last night when the 12 a.m. person did not show up and get the shift covered.

Review of the 2014 staffing schedule and staff attendance log revealed there were 6 days when there was only one staff working. It was on the 11th, 14th, 16th, 20th, 27th, and 30th of The Administrator confirmed this on at 10:30 a.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014006973

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 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

Sincerely,

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

LL/JM/sm
Enclosure

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