STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964598	11/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Grand Of Amelia Island	1900 Amelia Trace Court Fernandina Beach, FL 32034	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014009606, was conducted on , 2014. Savannah Grand had deficiencies found at the time of the visit.

0162-Records - Resident 58A-5.024(3) FAC
Based on staff interview and record review, the facility failed to ensure the residents records were retained for 2 years following the departure of resident for 1 of 5 sampled record reviews (Resident #3).

The findings include:

Record review of Resident #3 revealed she was admitted on . . . . . Review of her record revealed previous Health Assessments prior to 2012 were not in the record. There was no indication the resident had expired and the last progress note was documented on . . at 0100. The last Health Assessment was dated .

On . at 10:55 AM. An interview with the Wellness Director stated Resident #3 expired on , 2014. She stated Resident #3's . . . . . was expected and she passed here in the facility. Employee B stated they only keep records for 2 years. She said there are no more records for Resident #3. She confirmed Resident #3 had resided at the facility for 7 or 8 years. She said she does not have the old records anymore.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savannah Grand of Amelia Island
1900 Amelia Trace Court
Fernandina Beach, FL 32034

RE: CCR #2014009606

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by a representative 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 surveyor. Should you have any questions please call this office at

Sincerely,

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

MB/JM/sm
Enclosure

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