STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	11/20/2014
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 - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
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 - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And , S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A Complaint Investigation CCR#2014008741 was conducted on .

The Savannah Court of Haines City had deficiencies found during this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon record review & interview the facility failed to ensure that the medical assessments (AHCA Form 1823) for 3 (#1, 7, & 8) of 5 residents were comprehensive & addressed all required information.

Findings Include:

1. A review of the closed record for resident #1 revealed the 1823 dated noted the resident required both administration & assistance with self-administered medication. A further review of this residents record reflected no attempts by facility staff to clarify these orders. The facility does not employ any licensed nurses on staff. A review of past medication observation records reflected facility unlicensed trained staff were assisting with the residents medications.

2. A review of the health assessment for resident #7 dated revealed that the only diagnosis recorded on the health assessment was , although this resident is a & receives medications (XL tab 10mg., 1 by mouth daily) for this condition. Additionally the health assessment reflected the resident requires both assistance with medications & administration of medications. There was no clarification to this order found anywhere else in the record for resident #7. The medication observation records reflected unlicensed, trained staff was assisting this resident with his medications. The medication observation record for the month of 2014 listed a diagnosis of -this diagnosis was not listed on the resident health assessment form (1823).

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3. A review of the health assessment dated for resident #8 revealed that the resident was placed on Hospice Care on . & the health assessment had not been updated to reflect changes in health status. Further, this resident experienced a significant weight loss which was not reflected on the residents health assessment.

During exit interview with the executive director at about 2 p.m. she verified that the above mentioned health asssessments did not include all required information.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based upon record review the facility failed to ensure that an interdisciplinary plan of care was on file for 1 (#8) of 3 residents on Hospice Care.

Findings Include:

1. A review on of the record for resident #8 revealed this resident was placed on Hospice Care on . There was no documentation on file of an Interdisciplinary Service Plan of Care between Hospice, the facility & the resident and/or family that the residents physical, psychological & spiritual needs can be met in the facility.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon record review & interview, the facility failed to ensure that a written record was maintained, updated as needed concerning changes in health status, illnesses that required medical attention or changes in conditions requiring additional services for 3 (#1,7 & 8) of 5 residents reviewed.

Findings Include:

1. A review of the weight record for resident #8 revealed that this resident experienced a 20 pound weight loss from to . There was not any documentation in this residents record concerning the weight loss. Only a log of the weights were noted without any indication staff had noticed the weight loss, whether the residents family & health care practitioner was made aware of the weight loss & any interventions initiated as a result of the weight loss.

2. A review of the closed record for resident #1 revealed Analysis was done drawn on with abnormal results indicating the resident had an going on. , 500mg. to be given three times daily for 7 days was ordered. A review of the 2014 medication observation records on file did not indicate this was ever provided.

Additionally, further record review revealed on there was abnormal lab results for work , count was above normal range indicating in process. There was no indication this information was shared with the physician. On there was a progress note on file when the MD. came to visit resident #1 & in the MD's plan of care he indicated another urinalysis (UA) should be done. There was no order on file indicating

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another UA was done until .

During interview (4:50 p.m.) with the resident care coordinator she said she doesn't know what happen with regard to the lab results, lab orders & medication orders in this case. She only looks at the chart for an order form, she does not look at the physicians progress notes. She further said makes sure everything is filed in its proper place of the chart.

3. A review of the record for resident #7 revealed progress notes on indicating the resident "seems a little down will have Home Health to evaluate and encourage resident to go out and enjoy the sun". There was no indication the physician was notified of mood change or monitoring by the facility staff.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon confidential resident interviews & staff interviews, the facility failed to ensure that residents were given consideration with respect to self-determination, treated respectfully, with dignity & with unbridled availability of their personal funds held in trust.

Findings Include:

1. During the survey of during one confidential resident interview it was stated that certain staff are "cantankerous" and that they are obviously annoyed when this resident calls for assistance with hygiene care. The resident could not name the staff reference during interview as s/he did not know there name. As a result of Confidential resident interviews & attendance at the resident counsel meeting on .

2. During attendance at the resident counsel meeting (at 9:45 a.m.) by the surveyor, residents stated a new concern & issue that staff entered residents without knocking, that they (staff) just walk in. Residents also complained that showers are too early in the morning, one resident stated that 4:30 a.m. showers are too early & 3 other other residents agreed. Another resident said that the staff gets us up early because there isn't enough staff at night -and that isn't right.

3. During confidential interviews with 3 residents, they stated that the night staff are waking them up at 4:30 a.m. to be dressed for breakfast which is at 8 a.m. These residents who reported being awakened at this early hour are residents who require a lot of assistance with & dressing since they are more frail. One of the residents told the surveyor her advanced age and stated "I am ___years old, I don't want to get up that early.

4. During facility tour a sign was observed on the door of one resident stated "Please do not wake me up at 4:30 a.m.-I have my own alarm. Thank You".

5. During resident interviews, it was stated that the facility did not have a sufficient number of coffee cups & mugs for all the residents to have morning coffee & tea. During a count of the cups & mugs available in the kitchen initially only 21 coffee cups & mugs & only 28 beverage glasses. The facility census was 39 residents. During an interview with the dietary manager (newly hired) she stated she requested 25 more coffee cups & 28 glasses in a requisition to the corporate office but has not yet received them. The administrator went out to Walmart during this visit and purchased 10 coffee cups & 16 beverage glasses, which was still not adequate. This issue was also brought up at the resident counsel meeting at 9:45 a.m..

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6. During facility tour, one residents observed to have an over-flowing un-covered laundry basket with dirty clothes. This resident said they were suppose to do his/her laundry twice weekly but lately it was only being done once a week. Per staff interviews (9:30 a.m.), the regular house keeping staff was out on medical leave since about . // . . therefore direct care staff were doing housekeeping & laundry.

7. During confidential resident interview it was stated that they could only receive their personal spending money held for them by the facility once a month when the old director was in charge. The resident went on to say that now they can get it one time a week on Tuesdays only. The resident stated she did not understand why s/he could not have access to their own personal money when it was wanted. In conversation with the facility director it was learned that only $300.00 was kept at the facility. when that money was exhausted or low a requisition had to be made to the corporate office to replenish the funds which is not maintained in a bank locally. This process is a 2 week turn around time frame to receive the money from corporate office. This is the residents own personal spending money.

8. During facility tour the carpeting of resident #7 was badly stained/soiled.

9. The tablecloths in the dining to have multiple stains on all table linens.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based upon a review of 3 resident medication records the facility failed to ensure that they were maintained accurately & up to date for 2 (#1 & 8) residents.

Findings Include:

1. A review on . . . . . of the medication observation records(MOR) for , ... & for resident #1 revealed that 0.125mg take 1 daily at 7 a.m. was not given on // because they were waiting on Pharmacy per note on reverse side of MOR. The 2014 MOR was left blank on for the 8 p.m. dosages, on , . . . & for the 8am dosages, , for the noon dosages of 500mg. to be given three times daily.

The MOR for 2014 was not signed off that the resident received his 3mg. 1 by mouth daily on . . . . & , at 5 p.m.- the note on the reverse side of MOR states waiting on refill .

The MOR for 2014 was not signed of that the resident received his 15mg. 1 by mouth daily at bedtime at 8 p.m. on . . . /14- a note on the reverse side of MOR states the resident was sleeping & would not wake up.

2. The . . . . . 2014 MOR for resident #8-was noted that all 5 p.m. & 8 p.m. meds were held at daughters request on // . The residents record did not contain any physician orders authorizing that these medications be held, nor were there any progress notes indicating he had been informed. These medications were 40mg, 500mg., 0.5mg., 500mg.,

Class III

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0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based upon record review & staff interview, although the minimum staffing requirements were met as delineated in rule, the facility did not have adequate staffing to ensure resident safety & to meet the needs of 39 residents of the facility.

Findings Include:

1. A review of the facility staffing schedule for the weeks of through 16th, 2014 only 1 staff was scheduled to work the 11 p.m. through 7 a.m. shift. Given the number of residents requiring assistance with transfer & care, one staff on the night shift leaves residents in an emergency situation. Further if more than 1 resident requires help in any manner for care or medical reasons there is no other staff available to assist them.

Additionally, due to only having 1 staff on the 11 p.m. to 7 a.m. shift, the residents who require heavy personal care are being woken up at the extremely early hour of 4:30 a.m. to get ready for breakfast which is served at 8 a.m..

During attendance at the resident counsel meeting (at 9:45 a.m.) by the surveyor residents complained that showers are too early in the morning, one resident stated that "4:30 a.m. showers are too early"-3 other other residents agreed. Another resident said that "the staff gets us up early because there isn't enough staff at night-and that isn't right".

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based upon record review & interview, the facility failed to ensure that 1 (C) of 6 personnel records contained documentation of training within 30 days of employment in the following required areas.

Findings Include:

1. A review of the personnel record for staff C hired on to work the 11 p.m. to 7 a.m. shift as a resident aid (direct care staff), revealed no documentation that the staff was trained in recognizing & reporting resident , neglect & .
During interview with the executive director (approximately 4:30 p.m.) she verified that the required training was not documented in the personnel file.

2. There was no documentation on file that staff C, hired as a resident aid had attended a minimum of a 3 hour training related to resident behavior and needs and providing assistance with the activities of daily living with in 30 days of employment.

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

Based upon a review of 6 personnel records & the facility staffing schedule, the facility failed to ensure that there was one staff on duty at all times with ... & 1st Aid.

Findings Include:

A review of the facility staff schedules for the period of time from , 2014 to , 2014 staff C worked the 11 p.m. to 7 a.m. shift alone. A review of this staffs personnel record revealed no documented evidence of current valid ... & 1st Aid. The executive director acknowledged (4:45 p.m.) that this staff has worked alone dur this shift & previously to the schedule. Earlier staff schedules could not be reviewed as they were no longer available.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based upon record review & staff interview, the facility failed to ensure that weights were recorded at least semi-annually for residents receiving assistance with the activities of daily living.

Findings Include:

A review of the record for resident #7, admitted on revealed no weights were recorded since / . This resident requires assistance with activities of daily living in areas of ambulation, bathing, dressing, self-care, toileting & transferring according to the health assessment (1823) dated .

Interview with the resident care coordinator (2:30 p.m.) confirmed that the resident did not have any weights recorded.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based upon staff interview & record review the facility failed to file a Day 1 & Day 15 report for 1 (#8) of 4 residents.

Findings Include:

During staff interview on it was stated that resident #8 had left the facility on and ended up across the street at someone house. The process notes on file dated said that sne went across the street to private property & knocked on the door. The resident would not return to the facility when staff summoned her. She (resident) did finally return on her own."

A review of this resident's health assessment (1823) dated notes that the resident is an elopement risk under section B. The physician wrote "watch for wandering away, although this hasn't happened before."

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During interview with the executive director (at 2 p.m.) she acknowledged that this event was considered an elopement and a Day 1 report should have been filed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: CCR #2014008741

Dear Administrator:

This letter reports the findings of a complaint 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/clt
Enclosure: State (5000-3547) Form

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