STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	01/22/2015
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:
0025-Resident Care - Supervision-01/22/2015
0030-Resident Care - Rights & Facility Procedures-01/22/2015
0031-Resident Care - Third Party Services-01/22/2015
0052-Medication - Assistance With Self-Admin-01/22/2015
0053-Medication - Administration-01/22/2015
0055-Medication - Storage And Disposal-01/22/2015

Revisit Repeat Tags:
0000-Initial Comments-
0079-Staffing Standards - Levels-58a-5.019(3) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the complaint survey (CCR#2014006973) on 1/22/15. Savannah Court of Orange City had deficiencies identified at the visit.

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on record review and interview, the facility failed to meet the minimum hours of weekly staffing. This had the potential to effect all 34 residents at the facility.

The findings include:

A review of the December 2014 and January 2015 schedule revealed a total of 288 staffing hours per week, for each week (photographic evidence obtained). The facility census on the day of survey was 34.

In an interview with LPN A on 1/22/15 at 12:45 PM, she confirmed the staffing hours of 288. She reported that the facility did have 38 residents, but were currently at 34. She confirmed that the facility is required to have a minumum of 294 hours.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 27, 2015

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 revisit survey conducted on January 22, 2015 by a 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.

The uncorrected deficiency should be corrected no later than February 27, 2015.

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

JM/sm
Enclosure

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