STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965678	**04/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COURT OF LAKELAND	**6550 N SCORUM LOOP ROAD LAKELAND, FL 33809**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR# 2015000581) was conducted on .

The Savannah Court of Lakeland, Assisted Living Facility, had deficiencies at the time of this visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that newly hired staff submitted a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings Include:

Per record reviews conducted at the facility on , 7 of 9 employee files did not contain a record of testing and did not contain the required statement of freedom from communicable (s) including . On the day of AHCA Surveyor visit ( ), the facility's in-house census was 25 residents receiving services from facility Resident Care Aides.

Staff B was hired as a Resident Care Aide/Medication Technician on . Employee record contained no indication of testing and no statement of freedom from communicable (s) including .

Staff D was hired as a Resident Care Aide/Medication Technician on . Employee record contained no indication of testing and no statement of freedom from communicable (s) including .

Staff E was hired as a Resident Care Aide/Medication Technician on . Employee record includes a blank form entitled "Physician's Statement of Satisfactory Health" - name and address and position applied for (Resident Care Aide) is all that is written on the form -There is no indication of testing and no statement of freedom from communicable (s) including .

Staff F was hired as a Resident Care Aide/Medication Technician on . Employee record includes a blank form entitled "Physician's Statement of Satisfactory Health" - name and address and position applied for (Resident Care Aide) is all that is written on the form - There is no indication of testing and no statement of freedom from communicable (s) including .

Staff G was hired as a Resident Care Aide/Medication Technician on . Employee record includes a blank form entitled "Physician's Statement of Satisfactory Health" - name and address and position applied for (Resident Care

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0078 Continued From page 1

Aide) is all that is written on the form - There is no indication of testing and no statement of freedom from communicable (s) including .

Staff H was hired as a Resident Care Aide on . Employee record includes a blank form entitled "Physician's Statement of Satisfactory Health" - name and address and position applied for (Resident Care Aide) is all that is written on the form - There is no indication of testing and no statement of freedom from communicable (s) including .

Staff I was hired as a Resident Care Aide on . Employee record includes a blank form entitled "Physician's Statement of Satisfactory Health" - name and address and position applied for (Resident Care Aide) is all that is written on the form - There is no indication of testing and no statement of freedom from communicable (s) including .

Per interview with the facility Administrator on beginning at approximately 4:00 pm, the Administrator acknowledged that all staff must undergo testing upon hire and be deemed eligible for employment. When Surveyor showed the Administrator the blank forms found in employee records, she stated that the employee responsible for ensuring staff requirements are completed (former Resident Relations Coordinator) was terminated the day before the survey for not doing his job.

Class III

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

Based on record review and interview, the facility failed to ensure that a staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses is in the facility at all times.

Findings Include:

On the day of AHCA Surveyor visit ( ), the facility's in-house census was 25 residents receiving services from facility Resident Care Aides.

Per review of the facility's staff schedule for the week of Monday, through Sunday , Staff H is the only employee scheduled to be in the building from 11 pm-7 am on Monday, Tuesday, and Wednesday; Staff D is the only employee scheduled to be in the building from 11 pm-7 am on Thursday, Friday, and Saturday. Staff D and Staff H are the only 2 employees scheduled to be in the building from 11 pm-7 am on Sunday.

Per record reviews conducted at the facility on , there was no indication that 2 of the only 2 employees in the building from 11 pm-7 am have completed courses in First Aid and ( ): Staff D was hired as a Resident Care Aide/Medication Technician on . Employee record contained no record of

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0079 Continued From page 2

training in First Aid and no record of training in ( ). Staff H was hired as a Resident Care Aide on . Employee record contained no record of training in First Aid and no record of training in ( ).
Per interview with the facility Administrator on beginning at approximately 4:00 pm, the schedule observed for the week of through accurately reflects the current staffing pattern. The Administrator acknowledged that there is no staff on the third shift with First Aid and ( ) training. The Administrator stated that the former Resident Relations Coordinator was supposed to be keeping track of staff training needs and was not doing his job, so he was terminated the day before the survey. The Administrator stated that she will get the overnight staff trained right away.

Class III

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

Based on record review and interview, the facility failed to ensure that a staff member who has completed courses in First Aid and ( ) and holds a currently valid card documenting completion of such courses is in the facility at all times.

Findings Include:

On the day of AHCA Surveyor visit ( ), the facility's in-house census was 25 residents receiving services from facility Resident Care Aides.

Per review of the facility's staff schedule for the week of Monday, through Sunday , Staff H is the only employee scheduled to be in the building from 11 pm-7 am on Monday, Tuesday, and Wednesday; Staff D is the only employee scheduled to be in the building from 11 pm-7 am on Thursday, Friday, and Saturday. Staff D and Staff H are the only 2 employees scheduled to be in the building from 11 pm-7 am on Sunday.

Per record reviews conducted at the facility on , there was no indication that 2 of the only 2 employees in the building from 11 pm-7 am have completed courses in First Aid and ( ): Staff D was hired as a Resident Care Aide/Medication Technician on . Employee record contained no record of training in First Aid and no record of training in ( ). Staff H was hired as a Resident Care Aide on . Employee record contained no record of training in First Aid and no record of training in ( ).

Per interview with the facility Administrator on beginning at approximately 4:00 pm, the schedule observed for the week of through accurately reflects the current staffing pattern. The Administrator acknowledged that there is no staff on the third shift with First Aid and ( ) training. The Administrator stated that the former Resident Relations Coordinator was supposed to be keeping track of staff training needs and was not doing his job, so he was terminated the day before the survey. The Administrator stated

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0083 Continued From page 3

that she will get the overnight staff trained right away.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that all staff receive at least one hour of training in the facility's policy and procedures regarding ( ) for five of six sampled direct care staff.

Findings Include:

On the day of AHCA Surveyor visit ( ), the facility's in-house census was 25 residents receiving services from facility Resident Care Aides. Per record reviews conducted at the facility on , five of 6 employee files reviewed did not contain evidence of completion of training in the facility's policy and procedures regarding ( ).

Staff A was hired as a Resident Care Aide/Medication Technician on . No record of training in facility Policy & Procedures was found in Staff A's employee record.

Staff C was hired as a Resident Care Aide & Activities Associate on . No record of training in facility Policy & Procedures was found in Staff C's employee record.

Staff D was hired as a Resident Care Aide/Medication Technician on . No record of training in facility Policy & Procedures was found in Staff D's employee record.

Staff E was hired as a Resident Care Aide/Medication Technician on . No record of training in facility Policy & Procedures was found in Staff E's employee record.

Staff F was hired as a Resident Care Aide/Medication Technician on . No record of training in facility Policy & Procedures was found in Staff F's employee record.

Per interview with the facility Administrator on beginning at approximately 4:00 pm, the Administrator stated that the former Resident Relations Coordinator was supposed to be keeping track of staff training needs and was not doing his job, so he was terminated the day before the survey. The Administrator stated that she review all employee files and ensure all required trainings are completed and properly documented.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Court of Lakeland
6550 N Scorum Loop Road
Lakeland, FL 33809

RE: CCR #2015000581

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015, 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/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com