STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	04/13/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769	

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

0000 - Initial Comments

Conducted Complaint Investigation CCR#2015000413. Savannah Court of Saint Cloud Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure unlicensed staff was trained in Assistance with self-administration of medication prior to providing assistance with self-administration of medications for 4 of 7 sampled staff (Staff A, B, C and D).

Findings:

Review of the staff schedule for [redacted] 2014, [redacted] 2015 and [redacted] 2015 revealed the following staff were scheduled to work as the Medication Tech to provide residents with assistance with self-administration of medications:

Staff A worked on [redacted] 1/5, 1/8, 1/9, [redacted] and [redacted] from 10 PM to 6 PM
Staff B worked on [redacted] from 10 PM to 6 PM
Staff C worked on [redacted] and [redacted] from 10 PM to 6 PM
Staff D worked on [redacted] and [redacted] from 10 PM to 6 PM.

Review of personnel files revealed Staff A, B, C and D did not have the 4 hour medication class before they were assigned to assist with self-administration of medications.

The facility did not ensure that properly staff trained were available on all shifts to assist residents who would need assistance with self-administration of medications.

In an interview with the Resident Care Director and the administrator on [redacted] at approximately 3 PM who stated several staff members had left and staff had been sick in [redacted] 2015, when the untrained staff were scheduled to give medications.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview the facility failed to ensure unlicensed staff who would be providing assistance with self-administration of medications met the required training requirements for 4 of 7 sampled staff (C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**04/13/2015**
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SAVANNAH COURT OF ST CLOUD	**3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769**	

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

0084 Continued From page 1

Findings:

Review of the staff schedule for [redacted] 2014, [redacted] 2015 and [redacted] 2015 revealed the following staff were scheduled to work as the Medication Tech to provide residents with assistance with self-administration of medications:

Staff A worked on [redacted] 1/5, 1/8, 1/9, [redacted] and [redacted] from 10 PM to 6 PM
Staff B worked on [redacted] from 10 PM to 6 PM
Staff C worked on [redacted] and [redacted] from 10 PM to 6 PM
Staff D worked on [redacted] and [redacted] from 10 PM to 6 PM.

Review of employee files revealed:

Staff A, Staff C and Staff D received 4 hours of training in assisting residents with self-administration on [redacted]
Staff B did not have documentation of 4 hours of training in assisting residents with self-administration.

The facility did not ensure all staff had the medication training before they were assigned to assist the residents with self-administration of medications.

In an interview with the Resident Care Director on [redacted] at approximately 3 PM who stated several staff members had left and staff had been sick in [redacted] 2015, when the untrained staff was scheduled to give medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Savannah Court Of St Cloud
3791 Old Canoe Creek Rd
Saint Cloud, FL 34769

RE: CCR #2015000413

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on . 13, 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 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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