STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953328	09/04/2015
NAME OF PROVIDER OR SUPPLIER SAVANNAH PLACE CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1230 POWERS AVENUE HOLLY HILL, FL 32117	

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

0000 Initial Comments

An unannounced abbreviated licensure survey was conducted at Savannah Place Care Center on [redacted], 2015. Savannah Place Care Center had deficiencies found at the time of the visit.

0055 Medication - Storage and Disposal

Based on observation and staff interview, the facility failed to keep medications locked up and in a secure location for one resident receiving [redacted] in a sample of 7. (Resident #1)

The findings include:

On [redacted] at 3:00 PM the Administrator of the facility stated that she kept Resident # 1's opened [redacted] vial in the door of the refrigerator. She was asked where she kept the [redacted] and she opened the door to the refrigerator and opened the section on the door where the [redacted] was kept.

In another interview with the Administrator on [redacted] at 3:40 PM she confirmed she did not have a locked area in the refrigerator to keep Resident #1's [redacted].

Class III

0079 Staffing Standards - Levels

Based on record review of the facility schedule and staff interview, the facility failed to maintain a written work schedule that included the hours each employee was scheduled to work and ensured the facility maintained the minimum weekly staffing requirement of 212 hours for 7 residents. (Resident 1-7)

The findings include:

Record review of the admission/discharge log for the facility found the facility had 7 residents.

During an interview with the Administrator on [redacted] at 10:00 AM she was asked to provide the work schedule for the past 2 weeks. She provided a worksheet with names of employees and days marked. The work sheet did not have the hours each employee was scheduled to work and did not include the Administrator's name. The Administrator stated that she schedules one employee to work at a time working either a 7:00 AM to 7:00 PM shift or a 7:00 PM to 7:00 AM shift. She stated she works everyday but Sunday but does not put her name on the schedule.

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of one employee working 24 hours a day for 7 days a week would add up to 168 hours a week.

Class III

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview, the facility failed to ensure the food service designee for the facility obtained a minimum of 2 hour continuing education in food service and nutrition. (Administrator/Employee C).

The findings include:

During an interview with the Administrator on at 10:00 AM she stated she was responsible for food service at the facility.

Record review of the employee file for the Administrator/Employee C found the most recent training related to food service was on , 2014. The findings were confirmed by the Administrator during interview on at 3:30 PM. She stated she was informed by the registered dietician (RD) that did her training that it was good for two years. She stated she did not have any other food service related training to provide.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and staff interview the facility failed to post the weekly menu where it is easily viewed by all 7 residents of the current census of 7.

The findings include:

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SUMMARY STATEMENT OF DEFICIENCIES
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Observation in the kitchen area of the facility on at 11:40 AM found the facility's four week cycle menus were posted on the upper cabinet in an area of the kitchen that was behind a counter and a closed gate. Residents would need to enter through the gate and pull the menus down from the cabinets to try to figure out what was being served.

Record review of the menus found there were several menus on the upper cabinets each for a different week and diet. The print on the menus was small and the menu needed to be removed in order to be read.

During an interview with Resident # 2 on at 12:42 PM. She was the only resident in the facility that was observed no able to ambulate on her own. She stated the menu was not posted anywhere that she knew of.

The findings were confirmed by interview with the Administrator on at 3:30 PM. She stated she was not aware the menu needed to be posted in an area the resident could see.

Class III

0161 Records - Staff

Based on record review of the facility schedule and staff interview, the facility failed to maintain a written work schedule.

The findings include:

During an interview with the Administrator on at 10:00 AM she was asked to provide the work schedule for the past 2 weeks. She provided a worksheet with names of employees and days marked. The work sheet did not have the hours each employee was scheduled to work and did not include the Administrator's name. The Administrator stated that she schedules one employee to work at a time working either a 7:00 AM to 7:00 PM shift or a 7:00 PM to 7:00 AM shift. She stated also she works everyday but Sunday but does not put her name on the schedule. She stated she works at least 60 hours a week.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Place Care Center
1230 Powers Avenue
Holly Hill, FL 32117

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey that was conducted on 4, 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 14, 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -4201.

Sincerely,

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

NH/JM/sm
Enclosure
XG90

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