STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	09/02/2015

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

The re-licensure survey was conducted on . Savannah Court of Saint Cloud had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 1 of 2 sampled resident records had a completed health assessment that addressed all the required criteria (#1).
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 dated / . Continued review revealed the assessment did not address the type of assistance she needed regarding assistance with self-administration of medications. That portion of the form was blank.
In an interview with the administrator on / at approximately 4 PM, who stated the form was overlooked.
An e mail was received from the facility on / at approximately 11:40 AM. The e-mail included the health assessment for resident #1 in which the prior blank areas were checked off. However the form did not contained the initials, credentials or the healthcare provider or the date the form was amended.
Class III

0083 Training - First Aid and

Based on personnel review and interview the facility failed to ensure that a staff member who had a current First Aid certification was in the facility at all times, when the residents were present.
Findings:
Review of the staff schedule revealed that Staff #B worked from 2 PM to 10 PM on Friday , Sunday , Tuesday 9/1 and Wednesday / .
Personnel record review for staff #B revealed no evidence to confirm she had current and First Aid certification. Staff #F also worked those dates and times.
In an interview with the administrator on / at approximately 3:30 PM, who stated that staff #F was new and did not have and First Aid. She added that the supervisor worked until 5 PM.
During the hour of 5 PM to 10 PM on , and from 2 PM to 10 PM on and / / there was no staff with current and First aid certification in the facility.
An e mail was received on / at approximately 11:45 AM from the facility administrator who indicated that the supervisor stayed the day's staff #B and F worked to cover. The supervisor was not on the schedule, because she was a salary employee.
The administrator was requested on / / at approximately 9:30 AM to submit by e-mail the time sheet for the supervisor, for the above mentioned dates and times.

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A reply from the administrator was received on / at approximately 9:45 AM, who indicated the supervisor was a salary employee salary so "we don't have the backup you are requesting".
Class III

0093 Food Service - Dietary Standards

Based on observations, interviews and review of the menu the facility failed to ensure that a 3-day supply of nonperishable food, that included long shelve life milk, vegetables and water that was on hand and available at all times.
Findings:
During the facility tour on / at approximately 9:00 AM the administrator stated the census was 35 residents.
Observations of the emergency food supply on at approximately 3 PM noted the facility had the following:
Milk- There were 36 containers of 32 ounces each= 1,152 ounces. Based on a census of 35 the facility needed 2,520 ounces of milk (3 days x 35 residents x 24 ounces (3 -8 ounces cups).
Vegetables- There were 7 cans of 7.3 pounds each= 51.1 pounds or 817.6 ounces. Based on a census of 35 the facility needed 2,100 ounces of vegetables (3 x 35 x 20 ounces (2 &1/2 cups).
Water - There were 171 bottles of 1.5 liter each bottles= 256.5 Liters-= (67 gallon) Based on a census of 35 the facility needed 3 gallons x 35 = 105 gallons.
A letter from US foods dated indicated that US Food would make every effort possible to supply your accounts with food and water. "Please make secondary arrangements on water as we do not have the capacity to store enough water".
In an interview with the administrator on / at approximately 4 PM, who stated it was her understanding that US Foods would provide emergency water.
Class III

0167 Resident Contracts

Based on record review and interview the facility failed to abide by the terms in the resident contract and did conform to Section 429.24(3), Florida Statutes and did not provide the resident with a 30 day notice of rate increase for 1 of 2 sampled residents (#1).

Findings:

Resident record review for resident #1 revealed a notice of rate increase dated that indicated that effective / the rate increased from $3,395.00 to $3,565.00 and the amount was due on , , 2015.

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In an interview with the administrator on / at approximately 4 PM, who stated it was an oversight and would issue a refund as soon as possible. She provided a resident credit form that indicated credit due to resident for $170.00.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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. **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 , 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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