STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943102	10/01/2015
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF THE PALM BEA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2090 N. CONGRESS AVENUE** **WEST PALM BEACH, FL 33401**	

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

0000 Initial Comments

On 30, 2015 through 1, 2015, a biennial relicensure survey was conducted at Savannah Court of the Palm Beaches. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview, the assisted living facility (ALF) failed to ensure a resident's Health Assessment form (AHCA form 1823) and Hospice records was accurate and reflective of their current care needs and services, for 3 out of 3 Hospice residents record reviewed (Resident #3, Resident #4, and Resident #14) .

The findings include:

1) Record review of Resident #3's file found an admission date of . Resident #3's AHCA 1823 assessment is dated for . Resident #3's AHCA 1823 assessment indicates a diagnosis of left hip abscess, advanced , , and protein . A review of the facility's resident hospice files revealed Resident # 3 started hospice care on for a diagnosis of of the and Unspecified Protein- Calorie . Further review of Resident #3's file found no indication of hospice consult on her AHCA 1823 assessment and no Hospice Integrated Plan of Care.

In an interview on / at 12:30 PM, the Resident Care Director acknowledged that Resident #3 required a new AHCA 1823 assessment that indicates hospice care and services. She stated there is no Hospice Integrated Plan of Care on file for Resident #3.

2) Record review of Resident #4 found an admission date of / / . Resident #4's AHCA 1823 assessment is dated for with a diagnosis of and Status Post Pelvic . Further review of the facility's hospice records revealed Resident #4 started Hospice Care on / for a diagnosis of and Adult . The hospice file found no Hospice Integrated Plan of Care. Resident #4's AHCA 1823 assessment has no indication of her Hospice Diagnosis or Hospice Consult.

In an interview on / at 12:30 PM, the Resident Care Director acknowledged Resident #4 required a new AHCA 1823 assessment that indicates her hospice diagnosis and Hospice Care. She stated Resident #4 does not have a hospice integrated care plan.

3) A review of Resident #14's file revealed an admission date of . Resident #14's last medical

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exam is dated for 7/23/2014 with the following diagnosis: History of , ORIF 9/23/2008, Hysterectomy, , , , , Recurrent , , , , , and Degenerative Right Hip . Record review of Resident #14's file revealed she is currently receiving Hospice Services since with a hospice diagnosis of . However, Resident #14's AHCA Form 1823 does not indicate Resident #14's height and weight, the requirement of hospice services, and the hospice diagnosis.

Further review of Resident #14's hospice file found no hospice integrated plan of care signed by the assisted living facility or hospice. In an interview with the Resident Care Director on at 12:30 PM, she acknowledged Resident #14's AHCA 1823 assessment missing the height and weight. She stated the Integrated Care Plan is probably in another file. At 2 PM, the Resident Care Director stated she does not have an Integrated Care Plan on file for Resident #14 and no further information was available for review.

In an interview conducted on / at approximately 3:30 PM, the Administrator acknowledged the findings.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self-administration of medication, for 3 out of 4 residents (Resident #11, Resident #12,and Resident #17) observed during medication pass.

The findings include:

a) Observations on at 9:30 AM found Resident #11 receiving the following medications: Amitza cap 24 mcg, 20 mg, carb 150 mg, and and D3 2000 unit.

At 9:30 AM, observations during assistance with self-administration of medication revealed Staff A, (unlicensed staff), assisted Resident #11 with self-administration of medications. Staff A sanitized her hands, put each of Resident #11's medications in a cup and signed Resident #11's Medication Observation Records (MOR). Staff A gave the medications along with a cup of water to the resident. Staff A stated the names of the medications to Resident #11 and observed her take her medications.

b) Observations on at 9:40 AM found Resident #12 receiving the following medications: Donepzil 10 mg, Lisinipril 10 mg, 25 mg, 28 mg, 40 mg, Oxybutin 5 mg,

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and 50 mg.

On 9/30/2015 at 9:40 AM, observations during assistance with self-administration of medication revealed Staff A, (unlicensed staff), assisted Resident #12 with self-administration of medications. Staff A sanitized her hands, put each of Resident #12's medications in a cup and signed Resident #12's MOR. Staff A gave the medications along with a cup of water to the resident. Staff A stated the names of the medications to Resident #12 and observed her take her medications.

c) Observations on / at 9:50 AM found Resident #17 receives the following medications: 81 mg, .125 mg, 0.3- 0.1 %, 5 mg, 20 mg, 10 mg, and 500 mg.

On / at 9:50 AM, observations during assistance with self-administration of medication revealed Staff C, (unlicensed staff), assisted Resident #17 with self-administration of medications. Staff C sanitized her hands, put each of Resident #17's medications in a cup and signed Resident #17 MOR. Staff C gave the medications along with a cup of water to the resident. Staff C did not state the names of the medications to Resident #17 but observed him take his medications.

During an interview on in the presence of the Resident Care Director at 10 AM, Staff A was informed of the process for assisting residents with self-administration of medications. Staff A acknowledged her error in signing the MOR before Resident #11, Resident #12 and Resident #17 swallowed their medications.

In an interview with Staff C on / at 10 AM, she was informed of the process for assisting residents with self-administration of medications. Staff C acknowledged her error of not stating the names of medications to Resident #17. On / at 10:15, AM the Resident Care Director was informed and she acknowledged the finding.

On / , during a conference with the Administrator and the Resident Care Director, they acknowledged the findings.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to provide a safe environment and ensure all architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order for

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The findings include:

On 10/01/15 at 9:00 AM, an observational tour of each resident's room was conducted in the secured unit known as The Cottage. The following environmental concerns were noted and photographed:

1) Room 152 -
a. The previous resident's personal items are being stored in this , which is also occupied by a current resident. The a shared ; however, the previous resident's boxes are taking up the entire closet, leaving no the current resident's items. Also, there are 3 large garbage bags of clothing, and a television sitting on the which could pose a potential tripping hazard for the current ambulating resident. Employee I states, "These items have been here for 3 months."
b. Two wall outlet covers are broken, which leave wiring exposed.
c. The window ledge along bottom of window is not connected to the wall.
d. The border along the base of the wall, under the window, is coming away from the wall.
e. Damage to the inside wall to the right of entryway when facing door from inside the .

2) -
a. Closet has no door attached. The Administrator or Maintenance Director could not provide a reason for the missing closet door.

3) -
a. was off the wall and the wallpaper on the wall behind the mirror was ripped and discolored.
b. Small door in the , which provides access to vent, was rusted around edges.

4) Laundry -
a. No lock on supply cabinet located in the unlocked laundry can be accessed from the resident dining . This also a is used by residents. This unlocked cabinet contains heavy duty alkaline-based laundry detergent with warning label.

Employee I stated staff calls the front desk to have a work order put in to Maintenance, but the work is not being done in a timely manner. This employee also stated that the housekeeping schedule does not provide enough time to clean all the resident's in a thorough manner.
A second tour of The Cottage was completed with the Administrator and the Maintenance Director on / at approximately 3:15 PM to point out the concerns noted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Court Of The Palm Beaches
2090 N. Congress Avenue
West Palm Beach, FL 33401

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 and , 2015 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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