STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953679	10/17/2015
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF SARASOTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **7130 BENEVA ROAD** **SARASOTA, FL 34238**	

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

0000 Initial Comments

An unannounced, off-hour, week-end complaint survey, CCR #2015007989, was conducted on / , at Savannah Grand, an assisted living facility, in Sarasota, Florida.

There were 5 allegations of which 4 were unsubstantiated and 1 was substantiated with a deficiency cited.

The following is a description of the non-compliance:

0030 Resident Care - Rights & Facility Procedures

Based on record review, interview, and review of policies and procedures for grievances, the facility failed to ensure a specific procedure was in place for how they were going to respond to resident complaints, failed to ensure a process was in place where residents recommend changes to facility policies and procedures, and failed to show grievances expressed by 1 (Resident #1) of 3 sampled residents were acted upon.

The findings included:

Review of the facility's policy and procedure for grievances revealed that it included the following: "... ED (Executive Director) will try to help residents communicate with each other and resolve minor misunderstandings ...the ED will hear out any other resident grievance and document the situation ...The Director shall help bring about a compromise, which will be in the best interest of the resident ...A grievance log shall be maintained ... "

Review of the grievance log showed the last documented grievance was for the date of .

Review of Resident #1's record showed an email dated / by Resident #1's Power of Attorney (POA), who was her son, documenting concerns about waiting for front doors to be opened, lack of medical staff, cutting costs, and dissatisfaction at the level of service offered for the amount paid.

An email response dated was sent to the POA by the Regional Director of Operations (RDO) apologizing for any inconvenience and asked the POA to allow a few days to review his concerns and issues and then would follow-up with specific responses.

A second email was sent to the facility's Residents Relations Coordinator (RRC) on and electronically signed by Resident #1. The email included concerns related to food quality and appeal,

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showers, and a rate increase while reducing the quality of services.

There was no documentation showing the concerns addressed by the POA and Resident #1 were investigated and resolved.

During interviews on at 12:57 p.m. and at 1:36 p.m., the ED said she spoke with the POA about his concerns in 2015. She admitted she did not document the resolution. She said when she can fix grievances immediately, she does not document what has been fixed. She said she tried to discuss Resident #1's concerns of with the POA. She did not document what was discussed and resolved with either email.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Grand Of Sarasota
7130 Beneva Road
Sarasota, FL 34238

RE: CCR #2015007989

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 the deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiency. 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 deficiency 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 this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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