STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF OVIEDO I	STREET ADDRESS, CITY, STATE, ZIP CODE 355 ALAFAY WOODS BLVD. OVIEDO, FL 32765	

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

0000 Initial Comments

On a biennial re-licensure survey was conducted at Savannah Court of Oviedo I Assisted Living Facility. Deficient practice was identified during the survey.

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain a Completed Resident Health Assessment (AHCA form 1823) every three years for 1 of 2 sampled residents (#2).

Findings:

Record review for Resident #2 revealed her admission 1823 was dated the next 1823 was completed on / / The health care provider did not document the following: the diagnosis, instead the section to document the diagnosis the health care provider noted "see chart", the type of assistance resident #2 required with her medications, that section was left blank and did not document his or her printed named, address.

On / at 3 PM, the Assisted Executive Director confirmed the 1823 for resident #2 was incomplete.

Class

0025 Resident Care - Supervision

Based on record review, Medication Observation Record (MOR) review and interview, the facility failed to provided medications as ordered by the physician for 1 of 2 sampled residents (#2).

Findings:

Review of the MOR for , / and revealed they noted Cyanocobalam injection 1000 micrograms (mcg) every 30 days. Further review of the MOR revealed a was drawn on the MOR on the 15th of each month and there was no staff initial signed to indicate that the injection was given. The was left blank.
On / at 1 PM Staff B said that Resident #2's insurance did not cover the injection and it was discontinued.
Record review conducted for resident #2 revealed there was no discontinue order found in the record. There was a Physician Order sheet signed by the health care provider on / for Cyanocobalam injection 1000 mcg every 30 days.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

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

On at 3:30 PM the Assistant Executive Director stated that she had searched the record for an order to discontinue the injection and could not find one.

Class III

0052 Medication - Assistance with Self-Admin

Based on Observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations on / at 12 PM revealed resident #7 was sitting at the dining Staff B told resident #7 here is your pain pill placed it in a small cup and walked away.
Observations on / at 12:05 PM revealed resident #1 was sitting at the dining Staff B (non-nurse) told resident #1 the name of the medication and placed them in a small cup and walked away.
Staff B did not follow the appropriate procedures at all times and did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container and observe the resident take the medications.
On / at approximately 12:30 PM, Staff B stated she was not aware she was required to read the label to the residents. She stated she was also not aware she had to observe the resident take the medications if they were "with it." (meaning alert).

Class III

0054 Medication - Records

Based on Medication Observation Record (MOR) review and interview the facility failed to maintain accurate MORs for 1 of 2 sampled residents (#2).

Findings:

Review of the MORS for , , , / and revealed there were blank spaces on the MORs, lines drawn through spaces and there was no explanation on the MOR as to whether or not the residents received the medications as follows:
The MOR had lines drawn through the spaces from / through / / for the following

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

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

medications:
Fludrocort 0.1 Milligrams (mg) two tablets (0.2 mg) once daily in the morning at AM
50 mg one three time daily at 8 AM, 12 PM and 4 PM
100 micrograms (mcg) one once daily at 6 AM
20 mg one once daily in the morning at 8 AM
1 mg one at bed time at 8 PM
25 mg ER 1 daily at 8 AM
40 mg once daily at 8 AM
Oxycod/ 5-325 mg two three times daily at 6 AM, 2 PM and 10 PM
Oyxter Shell 500 mg two twice daily at 8 AM and 4 PM
10 mg once daily at 12 PM
Spironolact 25 mg once daily at 8AM
D 50,000 units one weekly on Friday had a drawn on in the space on / / and it was left blank.

Oxycod/ 500 mg two three times daily at 10 PM on / and /
Oyster Shell 500 mg two twice daily at 4 PM on , 9/4
10 mg once daily at 12 PM on and
15 mg one at bedtime at 8 PM on
But/ /CAF one every evening at 4 PM on
Cyanocobalam injection 1000 micrograms (mcg) every 30 days had a drawn on the spaces for the 15th of the month on the MORs for through The blocks were left blank on all of the MORs.

On ___/ at 3:45 PM the Executive Director stated that she was not aware that the above spaces on the MORs were left blank without explanations.
She stated in 2015 the Resident went away with her family and that was why the lines was drawn through the spaces. She stated that the staff should have noted on the MOR that the resident was away from the facility.

Class III

0056 Medication - Labeling and Orders

Based on Medication Observation Record (MOR) observations, record review and interview the facility failed to obtain a health care provider for instructions for as needed medications for 1 of 2 sampled residents (#1) who required assistance with the self-administration of medications and did not did not make every reasonable effort to ensure that prescriptions were refilled in a timely manner for 1 of 2

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

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

sampled residents (2).

Findings:

1. Observations on __/__ at 12:05 PM during the medication pass for Resident #1 revealed a medication package labeled __ ____ 0.5 milligram (mg) (____ brand name for agitation) 1 tablet three times daily as needed. Staff B (non-nurse) was observed at the time giving a pill to Resident #1.
Review of the MOR for ____ revealed it noted ____ 0.5 mg 1 tablet three times daily as needed.
Record review revealed a health care provider's order dated __/__/__ that noted ____ 0.5 mg 1 as needed three times daily.
There was no documentation found in the record that indicated the circumstances under which it would be appropriate for the resident to request the medications.
On ____ at 1 PM the assistant Executive Director said there was no order found that indicated the reason the as needed medication was to be provided to the resident.

2. On __/__ at 10 AM, Resident #2 stated she remembered not having one of her medications refilled timely and she did not have the medication for a couple of days in the past.
Review of the MOR for ____ revealed ____ 10 mg once daily had a staff initial with a circle on __/__. The back of the MOR noted on ____ at 12 (AM-PM not noted) the ____ 10 mg was "unavailable."
Review of the MOR for ____ revealed ____ 1 mg one at bedtime on __/__, __/__/__ and __/__ had staff initial in the spaces with circles around them. The back of the MOR noted on 9/9 at 8 PM ____ 1 mg "on order."

On ____ at 3 PM, the Assistant Executive Director stated that staff were told to order the medications in advance.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to obtain annual statements from 2 of 4 sampled staff B and C health care provider documenting freedom from ____ (__).

Findings:

Personnel record review for Staff B hired __/__, revealed the last documentation to confirm she was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

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

free from was dated / (due /).
During personnel Record review revealed staff C had no evidence of annual ( ) examination for 2015. Continued review revealed there was no documentation that the past ( ) examination dated / was read.
On / at 3 PM, the Assistant Executive Director said that the test were not completed for Staff B and Staff C annually.
Class III

0161 Records - Staff

Based on personnel record review and Interview the facility failed to ensure to maintain a copy of Level II Background Screening results for Staff D.
Findings:
Review of personnel record review for staff D revealed no evidence of a copy of Level II Background Screening results. On at 4:45 PM, the Background Screening (BGS) website was checked revealing staff D was Eligible to work on /
During interview on at 4:47 PM with the Administrator/Executive Director who stated that she was unaware that a copy of the Level II Background Screening results was not in Staff D's file.
Class III

0162 Records - Resident

Based on Medication Observation Record (MOR) review, record review and interview the facility failed to ensure to get a Physician Order documenting and authorizing Resident #1 can self-administer her medication.
Findings include:
During Medication Observation Record review (MOR) for resident #1 revealed documentation the resident is administering her own medication of Oral Suspension 100000 units/milliliters; 5 milliliters is to be swish, gargle and spit by mouth 4 times daily (8 AM, 12 PM, 4PM, and 8 PM) for 14 days for 2015 and 2015.
Resident Record Review record for resident #1 revealed the current 1823 Health Assessment form dated documented the resident needs help with her medications and the box for Needs Assistance with Self-Administration of Medications was checked. Review of the order revealed Oral Suspension 100000 units/milliliters @ 5 milliliters daily 4 times daily swish, gargle, and spit by mouth for 14 days as needed.
During Interview with the Resident Care Director on at 3:15 PM acknowledged the resident needed assistance with self-administration of medication. Also, the resident was not assessed for self-administration of medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964749	12/02/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF OVIEDO I	355 ALAFAY WOODS BLVD. OVIEDO, FL 32765

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

0167 Resident Contracts

Based on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 1 of 2 sampled resident's contracts (#2).

Findings:

Resident record review including contracts for residents #2 revealed her contract did not include a statement to inform the residents or their responsible party that all residents must be assessed upon admission and every 3 years thereafter, or after a significant change, whichever comes first.
On at 1:30 PM Executive Director on / / said resident #2's contract did not have the above information included.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_____, 2015

Administrator
Savannah Court Of Oviedo I
355 Alafay Woods Blvd.
Oviedo, FL 32765

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

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com