STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953284	12/14/2015
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1301 W. MAITLAND BLVD** **MAITLAND, FL 32751**	

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

0000 Initial Comments

On / the biennial re-licensure survey was conducted at Savannah Court of Maitland. Deficient practice was identified during the surveys.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure a current Resident Health Assessment (AHCA Form 1823) was accurately completed and failed to have an initial AHCA Form 1823 for 1 out of 2 resident records reviewed (1).

Findings:

Record review for Resident#1 revealed a current health assessment AHCA Form 1823, dated / . It had no information indicating what activity of daily living (ADL) level the resident was for Transferring (whether the resident needed supervision or assistance). Incomplete assessment could result in inadequate care planning for the resident.

Resident#1's record also revealed there was no initial AHCA Form 1823. The resident was originally admitted to the facility on .

On at 2:15 p.m. an interview was conducted with the resident care director. She stated that she was not aware of the missing information on the resident's current AHCA Form 1823. When asked for the initial AHCA Form 1823, she said that she could not find it. She also could not locate any health assessment done within 60 days prior to admission.

Class III

0010 Admissions - Continued Residency

Based on record review and interview the facility failed to obtain an accurate Resident Health Assessment (AHCA form 1823) after a significant change (hospital Admission) for 1 of 3 sampled residents #2.

Findings:

Record review for Resident #2 revealed an AHCA form 1823 that was dated / / (after he returned from a hospital stay). The Health Care provider noted Resident #2 had a communicable that

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could be transmitted to residents and staff (in wounds). The AHCA form 1823 also noted Resident#2 required 24 hour nursing and care and the he required total care with Dressing all which exceeded the residency requirement for an Assisted Living Facility.

During an Interview with Resident #2 on / at 10:30 AM, he stated he could dress himself and the staff would assist him.

The Director of Nurses stated on / at 2 PM, the resident did not have a communicable , did not require 24 hour nursing and care and was not total care with Dressing. She stated she did not realize when the resident returned back to the facility from the hospital the AHCA form 1823 was not accurate.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility failed to maintain a written record of a significant changes and documentation that the family and health care provider was contacted for an illnesses requiring a higher level of care which resulted in an admission to a Rehabilitation Center 1 of 3 sampled residents (#2).

Findings:

Record review for Resident #2 revealed a nurses note that was dated / at 2 PM that noted the resident was readmitted back to the facility from a stay at a rehabilitation center. There was also a Resident Health Assessment form that was completed and dated for the resident's return. Further review of the notes revealed there was no notes found that documented the resident had left the facility and what had transpired resulting in a stay in the Rehabilitation Center. There was no documentation that the Resident's family and Health care provider were contacted.

On / at 3 PM, the Resident Care Director stated the resident did have to go to the Rehabilitation Center, she reviewed the notes and stated there was no written documentation of the reason for the stay at the Rehabilitation Center and that the family and health care provider was contacted.

Class III

0052 Medication - Assistance with Self-Admin

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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:

On at approximately 12 PM, Staff F an unlicensed staff removed Resident #10 medication from the locked medication cart and placed the pills in a cup. Staff F stated to Resident #10 "Here are your medications."

Staff F 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.

On at 12:05 PM Staff F said at the times she would sometimes read the label to the residents and did not know it was a requirement.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to obtain an annual statement from a health care provider documenting freedom from ( ) for or 1 of 4 sampled staff (B).

Findings:

Personnel record review for Staff B hired revealed the last documentation to confirm she was free from was dated (due).

On at 4 PM the Administrator said that Staff B had been out on leave and was just returning to work, she did not have her annual statement completed.

Class III

0081 Training - Staff In-Service

Based on personnel record review and interview the facility failed to have evidence that 1 of 4 sampled staff (B) received the required in-service training within 30 days of hire.

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Findings:

Review of the Staff Schedule revealed Staff B provided personal care to the residents of the facility.

Personnel Record review for Staff B hired revealed there was only a 1-hour training for Residents needs and Behavior. There was no documentation to confirm that she had received the required total of 3 hours of training in Resident behavior and needs and Providing assistance with the activities of daily living (ADL).

On / at 4 PM, the administrator stated he could not locate documentation to confirm that Staff B had obtained 3 hours of training in Resident behavior and needs and Providing assistance with ADLs.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review and interview the facility failed to ensure that 2 of 4 sampled unlicensed staff (B and C), who provided assistance with the resident's medications received 2 hours in-service training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

On during the survey Staff B and C stated during their interviews that they provided assistance with the resident's medications.

Personnel record review for Staff B revealed there was no documentation to confirm she had received the 2-hour in-service training in providing assistance with self-administered medications and safe medication practices in an ALF annually.

Personnel Record review for Staff C revealed a certificate that was dated and noted "medication update." The certificate did not note the number of hours and whether it was the required training on providing assistance with self-administered medications and safe medication practices in an ALF.

On / at 4 PM the Administrator stated he thought both Staff B and C had received their annual 2-hour training.

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

0085 Training - Nutrition & Food Service

Based on record review and interview the facility failed to ensure the person assigned by the administrator as responsible for the food service obtain annually a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility.

Findings:

Review of the personnel record for the Food and Beverage Director revealed there was no documentation that the dietary manager had received the annual 2-hour training in topics pertinent to nutrition and food service in an assisted living facility.

Interview with the Food and Beverage Director dietary manager on / at approximately 3:30 PM revealed that she to thought the hand washing training would be considered the 2-hour annual training.

class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Savannah Court Of Maitland
1301 W. Maitland Blvd
Maitland, FL 32751

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 , 2016.** 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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