STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964702	04/19/2016
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF ORANGE CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763**	

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

0000 Initial Comments

An unannounced biennial survey was conducted at Savannah Court of Orange City on Savannah Court of Orange City had deficiencies identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled residents had a completed Resident Health Assessment (1823). (Resident #12).

The findings include:

A review of Resident #12 ' s record revealed a Resident Health Assessment dated . The section to discern whether or not the resident required assistance with medications, and what level of assistance would be required, was blank.

In an interview with the Executive Director on at 12:50 PM, she confirmed the missing documentation on Resident #12 ' s 1823.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview ,the facility failed to provide assistance with self administration of medication pursant to 429.56 Florida Statute by administering the wrong dose of medication to 1 of 4 sampled residents (Resident #11).

The findings include:

An observation of Assistance with Self Administration with Medication was conducted at 11:30 AM for Resident # 11 on . A review of the Medication Observation Record (MOR) noted Fish Oil 1000 miligrams (mg) orally three times a day. Employee D pulled the bottle out of the medication cart and dispensed one pill in a cup. Employee D handed this surveyor the bottle ,and the label noted Fish Oil 1200 mg. Employee D was asked why the MOR noted Fish Oil 1000 mg to be administered three times a day while the bottle of Fish Oil label was a 1200 mg pill.. Employee D stated "I never noticed that. It will have to be looked at."

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An interview was conducted with the Executive Director at 1:30 PM. The Executive Director confirmed the fish oil was ordered for 1000 mg and the fish oil in the med cart was labeled as 1200 mg For Resident #11.

Class III

0053 Medication - Administration

Based on record review and interview, the facility failed to ensure that licensed staff were administering medications to 1 of 2 sampled residents, who were assessed as requiring medication administration. (Resident #13).

The findings include:

A review of Resident #13 ' s Resident Health Assessment dated revealed that the physician documented that the resident required administration of medication. A review of the 2016 Medication Observation Record (MOR) for Resident #13 revealed that medication technicians were signing as assisting the resident with medication.

In an interview with the Executive Director on at 1:20 PM, she confirmed the findings and confirmed that the facility does not have licensed staff administering Resident #13 ' s medications.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview the facility failed to properly label a medication as to how often the medication is to be administered for 1 of 4 sampled residents (Resident #12).

The findings include:

A medication observation was conducted for Resident #12 at 11:35 AM on . Resident #12's Medication Observation Record (MOR) noted 0.5 mg three times a day orally. The label noted on the bottle of 0.5 mg stated two times a day. Observed Employee D take 0.5 mg two times a day from med bottle with glove and place in cup. Employee D gave the medication to Resident #12 after explaining what the medication was and what it was prescribed for. Resident #12 took the medication and swallowed with water. Employee D was asked why the bottle of Lorazeapm was noted to be given twice a day and the MOR stated three times a day. Employee D

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stated " I don't know. She gets it three times a day. Someone will have to check on that."

A telephone call was placed to the Pharmacy at 1:20 PM on . The pharmacist confirmed 0.5 mg was ordered for three times a day and the order was dated .

An interview was conducted with the Executive Director (ED) at 1:30 PM. The ED confirmed the 0.5 mg twice a day was listed on the label of the bottle of medication, but Resident #12 receives the medication three times a day.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 1 of 3 sampled employees received training in Activities of Daily Living & Resident Behavioral Needs, within 30 days of hire (Employee B)

The findings include:

A review of Employee B ' s personnel record revealed a hire date of . Further review found no documentation that she received training in activities of daily living & resident behavioral needs.

In an interview with the Executive Director on at 11:46 AM, she acknowledged the missing training for Employee B.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure that 2 of 2 sampled residents had semi-annual weights. (Resident #12 & #11).

The findings include:

A review of Resident #12 ' s 1823 revealed that she required assistance with bathing, dressing, eating, and toileting. Further record review revealed that weights were not in the residents file.

A review of Resident #11 ' s 1823 revealed that she required assistance withg toileting. Further record

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review revealed that weights were not in the residents file.

In an interview with the Executive Director on at 12:35 PM, she confirmed that she could not find the weights for Resident #12 & #11.

Class III

Z814 Backaround Screenina Clearinahouse

Based on record review and interview, the facility failed to ensure that 3 of 3 sampled employees were listed on the facility ' s employee roster on the Agency for Health Care Administrations background screening website.

The findings include:

A review of Employee A ' s personnel file revealed a hire date of / and an eligible level II background screening dated . A review of Employee B ' s personnel file revealed a hire date of and an eligible level II background screening dated / . A review of Employee C ' s personnel file revealed a hire date of and an eligible level II background screening dated .

A review of the Agency for Health Care Administration ' s background screening website on at 2:05 PM revealed that the facility had no employees listed under their facility employee roster.

In an interview with the Executive Director on at 2:15 PM, she confirmed the findings stating that she was unaware of the requirement.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Savannah Court Of Orange City
202 Strawberry Oaks Drive
Orange City, FL 32763

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jane Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JM/sm
Enclosure
XG90

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