STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953284	06/06/2016
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

A Complaint Investigation (CCR2016002703) was conducted at Savannah Court of Maitland Assisted Living Facility License #8447 on [redacted] in conjunction with Complaint Investigation (#2016004673). Savannah Court of Maitland Assisted Living Facility had a deficiency at the time of the investigation.

Z821 Reporting Requirements: Electronic Submission

Based on review of a Police Department Report and interview the facility did not submit an Adverse Incident report for a theft when Law Enforcement was called to investigate.

Findings:

On [redacted] at 10 AM, the administrator was asked to provide all Adverse Incident Reports for the last 6 months. He stated there were none. He was then asked to provide the Adverse Incident Reports for the year of 2015, he said there were no Adverse Incident Reports for the year of 2015.

On [redacted] at 10:15 AM, the administrator confirmed a previous Business Office Manager was terminated from the facility because she had taken resident's checks and deposited them into her own personal bank account. He said there were no residents affected by this because she did credit the resident's account. He said when the corporate office discovered this, they contacted the police and an investigation was conducted. The administrator said he was not aware that an Adverse Incident report was required for the incident.

The Police report was obtained; review of the report revealed, the report was taken on [redacted] for investigation. The police conducted an investigation and the previous Business office manager was [redacted] on [redacted].

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016002703

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016, 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

XG90

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