STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	06/27/2016
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF LAKE WALES**	STREET ADDRESS, CITY, STATE, ZIP CODE **12 EAST GROVE AVENUE** **LAKE WALES, FL 33853**	

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

0000 Initial Comments

Assisted Living Facility

On , a biennial relicensure survey was conducted at Savannah Court of Lake Wales (Lic. #9383). Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on record review and interview, the health assessment for one of two residents sampled (#1) was incomplete or inaccurate.

Findings include:

A review of Resident #1's file during the survey found a health assessment from // that was missing the printed name of the examining health care provider, as well as his/her address and telephone number. In addition, this examination indicated that Resident #1 required "total care" with bathing, dressing, toileting, and transferring. However, "total care" is a normally an index of inappropriateness in an ALF setting. Interview with the director of nursing at 1:45pm on provided no clarification.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview, the facility failed to ensure that the administrator had attained high school diploma or GED.
Finding Include:
A review of the administrator's personnel record during the survey found that she was hired ; further review of the file found no copy of her high school diploma or GED.
Interview with the administrator at 2:30 pm on confirmed that there was no copy of her high school diploma or equivalent available for agency review. She stated further that "she had recently moved to Florida from Georgia, and it was probably in the boxes that were in storage. She would either call the Board of Education in Georgia or try and locate it locally."
Class III

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0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure that 3 of 3 staff sampled (C, D & E) received all required in-service training within 30 days of employment.
Finding Include:
A personnel file review of Staff C and E, date of hire / and , respectively, revealed that neither employee had received any training in Emergency Preparedness and Evacuation.
An interview with the Administrator at 2:30 pm on confirmed that the above-referenced training was missing from the file. She also stated that there would be an in-service training covering this material within the next couple of weeks.
A personnel record review of Staff D, date of hire , revealed that she had not received any training in Emergency Preparedness and Evacuation as well as Incident Reporting.
The Administrator confirmed in the same interview noted above that the above-referenced trainings were missing from the file and that there would be a relevant in-service training within the next couple of weeks also covering this material as well.

Class III

0083 Training - First Aid and

Based on record review and interview, the facility failed to ensure that 2 of 3 staff sampled(C; D) had completed courses in First Aid and .
Findings include:
A personnel record review during the survey revealed that Staff C, hired , did not have documented evidence of a valid card verifying completion of First Aid and . In addition, review of Staff D ' s employee record indicated a hire date of . However, there was no evidence of a valid, current card documenting completion of First Aid and certification.
On at 2:30 pm, interview with the Administrator confirmed that there was no current First Aid or card for Staff C or D available for inspection.
Class III

0092 Food Service - General Responsibilities

Based on record review and interview, the administrator/facility was unable to provide all therapeutic diets as ordered for one of two residents sampled (#1).

Findings include:

Review of the therapeutic menus that had been formally reviewed and approved most recently by the

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SUMMARY STATEMENT OF DEFICIENCIES
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facility's dietetic professional included NCS and NAS, no concentrated sweets and no added salt, respectively. A review of Resident #1's record found the latest health assessment from I/ stipulated a diet order for "lo calorie/lo ..." Further review of the resident's record, as well as the facility's menu/dietary-related documentation, found no subsequent references to the "lo calorie/lo ..."order--either in an annotated form, definition, diet plan, etc. Interview with facility administration at 2pm on produced no clarification.

Class III

0162 Records - Resident

Based on record review and interview, the facility had not maintained the weight records on a semi-annual basis for one of two residents sampled (#1).

Findings include:

A review of resident files during the survey revealed that the latest weight record taken/available for review for Resident #1 (admitted to the facility I) was from I/ . Thus, at least two (2) weights were unavailable for inspection. According to the director of nursing in an interview at 1:50pm on , "the resident had begun having a great deal of difficulty standing on the scale," thus contributing to the reasons why the facility may not have pursued alternative methods of obtaining a weight.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Savannah Court Of Lake Wales
12 East Grove Avenue
Lake Wales, FL 33853

Dear Administrator:

This letter reports the findings of a biennial state licensure 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
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St. Petersburg, FL 33701
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