AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	06/29/2016
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF HAINES CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 PENINSULAR DRIVE** **HAINES CITY, FL 33844**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016 a biennial re-licensure survey was conducted at Savannah Court of Haines City. Deficient practice was identified during the survey.

License number 9382.

0082 Training - /

Based on interview and record review, the facility failed to provide education on /acquired deficiency (/ Training), within 30 days of employment, for 2 (Staff B and Staff C) of 4 records reviewed.

Findings included:

A review of employee records conducted on revealed no proof of / Training for Staff B and Staff C. Staff B ' s record showed a date of hire of and Staff C ' s record showed a date of hire of / /.

An interview was conducted with the administrator at 2:58 PM on and she acknowledged that Staff B and Staff C did not have / Training.

Class III

0093 Food Service - Dietary Standards

Based on interview and record review, the facility failed to maintain a 6 month file of menu substitutions (Substitution Log).

Findings included:

A review of the facility's dining and food service program was conducted on . A request was made to the administrator to show the facility ' s Substitution Log.

The administrator was interviewed at 1:41 PM on and she stated that the last Substitution Log on file went back to 2015.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Savannah Court Of Haines City
301 Peninsular Drive
Haines City, FL 33844

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

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