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 #2016004673 was conducted on . Savannah Court of Maitland, License# 8447 had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on resident record review and interview, the facility failed to ensure an accurate and complete AHCA Form 1823 Health Assessment for 1 of 9 sampled resident #3; and obtaining an initial AHCA Form 1823 Health Assessment for 1 of 9 sampled resident #10.

Findings:
Resident #3's record review revealed on the Health Assessment (1823) dated was missing (left blank) health diagnosis, left blank the mode of medication assistance required, and left blank the question if the resident needs can be met in an Assisted Living Facility (ALF).

Resident #10's record review revealed there was no documented evidence the facility obtained the initial Health Assessment (1823). the resident's date of admission is .

During an interview on at 2:30 PM with both Resident Care Director and Executive Director who confirmed they were not aware the 1823 Health Assessment for resident #3 was incomplete and the initial 1823 Health Assessment for #10 was missing.

Class III

0010 Admissions - Continued Residency

Based on observation record review and interview the facility failed to ensure residents met continued residency criteria for 3 of 9 residents (#2, #4 and #9).
Findings:
Resident record review for resident #2 revealed a health assessment report 1823 dated / / indicated diagnoses of , high . According to the assessment she needed stand by assistance of 2 to transfer and to ambulate; assistance was needed with all activities of daily living. No pressure sores were present.
Facility note dated:
/ / indicated the resident had a sitter
indicated the resident needed 3 to stand, resident was unable to stand without assistance, continued to push back and not assist to stand, toilet or transfer.

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)

indicated the resident was declining, required total care with activities of daily living, was unable to assist with turning.

indicated the resident was unable to assist, required total care. Per note she needed 2 to3 staff to transfer resident as resident pushed back and cling to chair and bed.

I/ indicated that the resident needed skilled nursing facility placement because of the higher level of care she needed.

Health care provider visit note dated:

I/ indicated 'The onset of the has been weeks. The was described as a and mild".

I/ indicated a visit was done because the resident had an open area on the "due to pressure with no movement". Home health care order was given.

Home health note dated:

The nurse was unable to obtain sample because of agitation; specimen was collect by starlight cauterization. Per note the to was free from

indicated the to the was healed/closed. There were no open areas to heels.

Healthcare provider order dated

Home Health Care (HHC) for care to

/ indicate home healthcare for treatment of a on

The resident was no longer at the facility.

On at 4 PM the Resident Care Director said she started to work at the facility 5 days ago. She added that the nurses probably did not mean to document the resident needed total care and the resident had not exceeded residency criteria.

Resident #9's record review revealed AHCA 1823, dated that was completed after hospital admission on due to increasing . The resident health assessment noted for Special Precautions as - Nares (-Resistant in Nares). The health care provider noted that the resident had a communicable that could be transmitted to other residents and staff. The health assessment also indicated that the resident needed assistance with medications administration.

At 3:15 PM an interview was conducted with a licensed practical nurse, Staff D and the resident care director (RCA). Both stated the resident was not under isolation at this time, and the resident did not need medications administration. The RCA stated that she would have to clarify the information on the health assessment.

On at 3:30 PM, an unlicensed Staff E stated that she was not informed about Resident #9's special precaution with . She was not aware of it.

On at 3:35 PM an unlicensed Staff F stated (via telephone interview) that she was not aware of

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)

any special precaution that she had to provide to the resident.
On at 3:45 PM, the executive director said that he was not aware of such information on AHCA 1823 because he had not seen it. He stated that normally it would have been a nurse (RCA) who reviewed the form. He didn't have a RCA at the time when the resident came back from hospital on .

During a facility tour at 11:14am on , resident #4 was observed in her in a wheelchair. She was dressed and watching TV. She had a visiting aide in the her who stated she comes "a couple of times a week" and did /shower and sat with the resident for a while. The Aide stated that the daughter was there most every day. The resident was unable to answer questions due to her Parkinson's, but she did slightly shake her head in answer a couple of times. She could not move or reposition herself in the wheelchair. According to the aide, when assisted, the resident was to be able to help support herself using the grab bars in the shower, but she was unable to get up on her own. She cannot get herself in and out of bed. She did have half rails on her bed (provider order in record). The aide stated the resident did not have any pressure sores as of that morning when she checked her. She was reported to be able to take her medications when they are put in her hand. The resident was urged by the aide to show me she could bring her hand to her mouth, but did not get it more than a few inches off her lap.

At 2:45pm, I revisited the resident and her daughter was there. The daughter was asked if her mom is able to transfer from one place to another and she stated, "not without help." The daughter was asked if she could show me how she transfers from one chair to another. She attempted to assist her in moving to a rocking chair next to her wheelchair. She grabbed her mom's arms and asked her to lean forward. Her mother did not move, even after repeated requests. The daughter was asked her to stop. At her daughter's request, we talked in the hallway outside the resident's . Her daughter stated how much she wanted her mother to remain here in this facility. She assured me that she can eat on her own, however she was not seen in the dining lunch or dinner that day.

At 2:52 PM on , in an interview with Staff H (med tech), when asked if Resident #4 requires assistance with transferring, she said, "she needs a lot of help!" Staff H was specifically asked if she could stand and pivot, and she said the resident could remain standing when moved to that position by helpers, and if she had something to hold on to and someone helping to support her. As for pivoting- she replied, "just barely."

During interview with the administrator at 3:45 PM She stated the resident was not "total care" and had a sitter that came in to help her. Request to observe the resident transfer was made at 4:15 PM. The administrator gave the assignment to Staff G (LPN), and she then picked up (Staff H) to help assist. As the staff arrived in the , the daughter was just about to take her mom into the . She positioned the wheelchair in the to the commode and put her mother's hand on the grab

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)

bar. She asked her mom to lean forward and pull herself up. But the daughter actually pulled the mother up out of the chair to a standing position. She asked her to turn her feet so she could sit on the toilet, then the daughter used her foot to nudge her mom's feet into a better position to sit. Staff H had to assist with positioning and removing her briefs so she could sit on the toilet. The daughter would not have been able to accomplish this on her own.

A review of the 1823 (dated) in the record revealed "assistance" with ADLs and "supervision" with eating. Nurses notes from / and indicate "total care with positioning" and "total care with ADLs." There was no updated 1823 to indicate a change in her status.

Class III

0025 Resident Care - Supervision

Based on record review and interview the facility did not ensure care and services appropriate to the needs of residents accepted for admission to the facility and did not follow health care provider s order for medications, and did not maintain a record of significant changes and notification to the resident's healthcare provider, for 1 of 9 sampled residents (# 8)
Findings:
On / at 11 AM the nurse, staff D, stated that discontinued medications were kept in a file cabinet in the first floor nurse's station and normally a note that indicated discontinued or a healthcare provider's order that indicated to discontinue the medication(s) would be attached to the medication. Continued observations of the file cabinet noted a prescription label dated that indicated Donezapil 10 milligrams (mg) one daily x 14 days for resident #8 and Donezapil 23 mg.
Resident record review revealed a healthcare provider's order dated that indicated Donezapil 10 mg for 14 days' start Galatamine 8 mg after stopping Donezapil 10 mg. The 2016 Medication Observation Record (MOR) listed Donezapil 23 mg one daily was marked as given from 4/1 to . Donezapil 10 mg daily and was marked as given , 3 days after the order was given and previous order discontinued, until to . ER 8 mg was listed on the MOR and was started on , 2 days after she stopped the Donezapil. the health assessment report 1823 dated / listed diagnoses of , high , and . She needed assistance with self-administration of medications. Continued review revealed a facility note dated at 8:28 PM that indicated a reddish area was noted to resident's right leg. The Power of Attorney was notified and stated will take resident the next day to get evaluated at urgent care. "Will monitor for changes in care and safety". Continued review revealed no further documentation regarding the resident red area on right leg; there was no evidence to confirm the resident's healthcare provider was notified.
On at 11 AM the administrator said the nurses did follow through with the order.
Class III

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)

0054 Medication - Records

Based on Medication Observation Record (MOR) review and interview, the facility did not maintain an accurate and up to date MOR for 1 of 5 sampled residents (#5).

Findings:
Review of the MOR for and for Resident #5 revealed there were blank spaces on the MOR and there were not any notations documenting the reasons for the omissions as follows:

DIS 9.5 Milligram (mg/)24 apply 1 patch every 24 hours was left blank on at 8 AM.

Simvastin 20 mg 1 at bedtime was left blank on and at 8 PM

SOD 1 gram (gm) three times daily was left blank on at 1 PM, and at 8 PM.

0.25 mg three times daily around the clock was left blank on at 4 PM, at 12 PM and 4 PM, / at 8 AM, 12 PM and 4 PM.

Amlopine 5 mg one daily was left blank on / at 8 AM.

eternal gel 2% apply to right chest every 4 hours around the clock while awake was left blank on at 6 PM, at 10 AM and 2 PM.

On the Resident Care Director reviewed the MOR's and she did not know why they were left blank.

Class III

0055 Medication - Storage and Disposal

Based on record review and observation, the facility did not return medications to 1 of 5 sampled Residents after her stay ended at the facility.

Findings:
Record review for Resident #5 revealed the following facility note: " / -6:46 PM-resident d'c with family (son) all meds signed off and given to family and signed paperwork attached Resident given dinner and dc with family. Will continue to monitor for any updates/changes."

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)

Review of the disposition of the medication form that was dated / and signed by the facility revealed that Milk of Magnesia and Mirlax was not listed as one of the medications that was returned. On at 11AM the nurse, staff D, stated that discontinued medications were kept in a file cabinet in the first floor nurse's station and normally a note that indicated discontinued or a healthcare provider's order that indicated to discontinue the medication(s) would be attached to the medication. Observations of the file cabinet noted a bottle of Milk of Magnesia and 2 bottles of with prescription labels dated for resident #5 that did not have a discontinue order or note attached. The nurse stated the resident had been discharged from the facility.
Class III

0056 Medication - Labeling and Orders

Based on observations and interviews the facility did not make sure not to store a prescription drug for self- administration or administration unless it was properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C,

Findings:

Observations on at 11 AM, of the refrigerated medications noted a vial of a pen and a Lantus pen that had no prescription label, nor were they kept in the original prescription container.

On at 11 AM the nurse stated she did not have the original prescription container, they may have been discarded by error.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe and clean environment for 3 of 24 sampled residents #3, #4, and #9.

Findings:
Observation on at 1030 AM of resident #3's very cluttered with clothes, newspapers, and magazines all over the it unsafe for resident #3 to ambulate and transfer with a walker to come in or go out of the Resident #3 had a strong smell of odor coming through under the door into the hallway.

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)

Observation on at 1130 AM for resident # 9's very cluttered with food crumbs on top of the counter tops.
Resident #4's found to have carpet that was badly stained in a widespread area.
Interview on at 4:30 PM with the Executive Director and Resident Care Director who stated that housekeeping will immediately clean and carpet for the above mentioned residents.
Class III

0160 Records - Facilitv

Based on review of the Admission and Discharge Log and interview, the facility did not maintain and accurate and up to date Log.

Findings:
Review of the facility's list of current resident's revealed Resident #5 was not listed. Review of the Admission and Discharge log revealed the resident's discharge date was not listed.

On at 11:30 AM the administrator reviewed the Admission and Discharge Log and confirmed there was no discharge date noted for Resident #5.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016004673

Dear Administrator:

This letter reports the findings of a 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com