

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/09/2016
FORM APPROVED

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

Revisit to complaint investigation (#2016002703) was conducted on 09/09/2016. Savannah Court of Maitland (License #8447) had a deficiency found at the time of the visit.

Z821 Reporting Requirements: Electronic Submission

DEFICIENCY REMAINED UNCORRECTED

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 09/09/2016 at 9:30 a.m. the administrator stated that he did not submit an adverse incident report because he did not feel it was an adverse incident. However, Law Enforcement conducted an investigation of the theft that involved residents accounts.

Unclassified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 14, 2016

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

RE: Revisit to #2016002703

Dear Administrator:

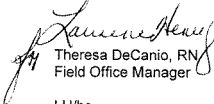
This letter reports the findings of a complaint investigation revisit survey conducted on January 14, 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. All deficiencies shall be corrected no later than January 21, 2016.

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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