

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964849	(X3) DATE SURVEY COMPLETED R
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

A revisit to a biennial state licensure survey was conducted at Savannah Court of Lake Wales, (Lic. #9383), in conjunction with a complaint survey, (CCR# 2016009217). Savannah Court of Lake Wales, Assisted Living Facility, had an uncorrected deficiency relative to the revisit, and a new deficiency was identified relative to the complaint survey.

0077 Staffing Standards - Administrators

Based on record review and interview, the facility still had not ensured that its administrator had obtained a high school diploma or GED.

Findings included:

Interview with the administrator at 10:10am on indicated that she "had not yet obtained a copy of her high school diploma." She explained further that "it was not at her former home in Georgia, and that she had contacted the Georgia Dept. of Education as well as a local educational governmental branch in an effort to locate it." As of the time of the revisit, she still hadn't received it.

(Please Note: This is an uncorrected deficiency from the survey.)

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER AL11964849	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT Y2 Y3
NAME OF FACILITY SAVANNAH COURT OF LAKE WALES		STREET ADDRESS, CITY, STATE, ZIP CODE 12 EAST GROVE AVENUE LAKE WALES, FL 33853

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0081	Correction	ID Prefix A0083	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.0191(4) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0092	Correction	ID Prefix A0162	Correction	ID Prefix	Correction
Reg. # 58A-5.020(1) FAC	Completed	Reg. # 58A-5.024(3) FAC	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY	☒	REVIEWED BY (INITIALS) <i>PSB</i>	DATE <i>9/19/16</i>	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO	☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 6/27/2016			☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

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

RE: Revisit & CCR# 2016009217

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and a complaint survey that were conducted on September 1, 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiencies that were identified on the day of the visits. 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 September 1, 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.

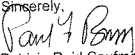
The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. 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.

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SlideShare.net/AHCAFlorida

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 Kaufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

XG90