STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943102	10/31/2016
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF THE PALM BEA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2090 N. CONGRESS AVENUE** **WEST PALM BEACH, FL 33401**	

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

0000 Initial Comments

A Complaint Investigation, CCR 2016008945, was conducted on 10/31/2016 at Savannah Court of the Palm Beaches, license number 8367. The facility had a deficiency identified at the time of the investigation.

0030 Resident Care - Rights & Facility Procedures

Based on interviews and record review, the facility failed to honor residents' right to access to adequate and appropriate health care consistent with established and recognized standards within the community for 1 of 5 sampled Residents (1), and failed to demonstrate facility policies and procedures were followed when it received complaints related to showers for 2 of 5 sampled Residents (1 and 5) .

The findings included:

1. Review of facility and Resident #1's records conducted / revealed the following. She was admitted to the facility on . Her AHCA Form 1823 (medical examination) documented pertinent diagnoses of moderate -type , and . Health Care Provider (HCP) orders dated / and / called for urinalysis tests to be conducted on and , respectively. A written facility log related to laboratory tests for the period through revealed neither test was entered on the log. Further review revealed there was no documentation showing these tests had been conducted, or that facility staff made any follow up attempts regarding these tests. In an interview conducted / , the Administrator and the Licensed Practical Nurse stated neither of the two tests had been ordered.

2. During the entrance conference held upon the Administrator's arrival on / at 10:23 AM, the facility's grievance logs back through 2016 and the resident council meeting minutes back through 2016 were requested. Resident council meeting minutes for 2016 and grievance logs dated from 2016 through 2016 were received. No other resident council meeting minutes, and no grievance logs for , and 2016 were received.

Review of the facility's resident contract revealed the following:
A. Page 16, Schedule B, Resident Bill of Rights included, " j) access to adequate and appropriate health care consistent with established and recognized standards within the community. " and "l) present grievances and recommend changes in policies, procedures, and services to the staff of the facility ... "
B. Page 31, Schedule N, Resident Grievances Policy Acknowledgement included:
i. " Prior to admission, the community shall inform the resident and the resident ' s designated person of

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the right to file and the procedure for filing a complaint and recommend changes to policy and procedures. "
ii. " An investigation of complaints/suggestions will be conducted by the community leadership, designated staff person responsible for receiving complaints and determine the outcome of the complaint. "
iii. " Within 2 business days after the submission of a written complaint/suggestion, a status report shall be provided by the community is taking to investigate and address the complaint. "
. " Within 7 days after the submission of a written complaint, the community shall give the complainant and, if applicable, the designated person, a written decision explaining the community ' s investigation findings and the action the community plans to take to resolve the complaint/suggestion. "

Review of Resident #1's records revealed a Nurse Note dated indicated that the resident had called a family member and complained of not receiving showers. There was no documentation showing the facility implemented their grievance procedures related to this complaint.

Review of the facility's resident handbook revealed, " Resident Meetings - Monthly Resident ' s meetings will be held every month, please check the activities calendar for the exact day & time. These meetings are open to all residents. The Monthly Meetings serve as an advisory capacity to management. Resident Council Meeting Minutes will be published monthly. "

Review of the resident council meeting minutes for the meeting revealed 25 residents attended the meeting. It contained the following complaints:
A. " There were questions about showers, those getting showers are supposed to get 3 a week, many of us are only getting one shower a week, Residents are advised by [Resident Care Director] if a floater is not available no shower, this is not the way the contract reads, they need to have more Med Techs, If you are not getting on your scheduled day, residents should be advised in advance. "
B. " no responses have been returned from departments that have issues. "
Review of the facility's shower records for 2016 for Cottages 1 and 2 revealed inconsistencies in its entries and did not clearly show when residents received showers. In many cases, staff members initialed showers as given at times when that staff member was not on duty. Staff members initialed some pages as though the residents received 3 showers a day, including days no shower was scheduled. There were no pages for Cottage 1 for through , and through , and through . There were no pages for Cottage 2 for / through , and through , and through .

Additionally, an interview with the family member of Resident # 1 conducted / at 12:44 PM revealed dissatisfaction with the number of showers received each week. In an interview conducted

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11/02/2016 at 11:07 AM, the family member of Resident #5 stated from the time she lived there, they had difficulty getting staff members to shower her. They would deny not giving her showers and pressure the resident to agree. A family member stated they saw a piece of paper on the resident's shower floor and a week later it was still there, unchanged.

Review of the facility grievance log revealed a complaint dated / lodged by Resident #5, who had a elbow, related to staff yelling at her, being short with her, and refusing to assist her to get dressed. This writer requested the related documentation and was presented with a 2-page Grievance/Complaint
Report. The section titled Documentation of Facility Follow-up included, "Employee in question removed from assignment, now is no longer with us". This writer requested verification of the involved staff member's status and was told they don't know who the employee was. The grievance was marked as resolved as of . There was no documentation showing specific steps the facility took to resolve this grievance, the identify of the staff member involved and any correctional actions performed by the facility.

In an interview conducted / at 2:58 PM, the Administrator stated they had no further records available for review and acknowledged the lack of records revealed a failure to demonstrate the facility followed their written policies and procedures relating to investigating and resolving grievance received from residents and family members.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Savannah Court Of The Palm Beaches
2090 N. Congress Avenue
West Palm Beach, FL 33401

RE: CCR #2016008945

Dear Administrator:

This letter reports the findings of a state complaint licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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