STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey was conducted on , in conjunction with a complaint survey, (CCR# 2016014046, Aspen Event MOFY11).

The Savannah Cottage of Lakeland, Assisted Living Facility, (License # 9783), had a deficiency identified at the time of this visit specific to the biennial survey.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. The facility failed to ensure that qualified staff administered medication and failed to follow physician orders for one (Resident #14) of three sampled residents in a facility with 31 in-house residents.

Findings included:

On beginning at 12:00pm, AHCA Surveyor observed Staff F providing residents assistance with self-administration of medication. On at 12:53pm, Surveyor observed Staff F administering Resident #14 two puffs of a prescribed inhalant medication through an inhaler and spacer. Resident #14 was not offered the inhaler for provision of staff assistance with self-administration. Per review of Resident #14's Resident Health Assessment (AHCA Form 1823) dated , Resident #14 needs assistance with self-administration of medication.

Per Employee Record Review, Staff F is employed as a Resident Care Aide/Med Tech trained to provide residents' assistance with self-administration of medication and is not a licensed nurse or other licensed healthcare professional.

Per review of Resident #14's Medication Observation Record (MOR), physician's order, and the inhalant medication label, Resident #14 was prescribed one puff of the inhalant medication. Surveyor observed Staff F incorrectly administering Resident #14 two puffs of the medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

Per interview with Staff F on at 1:08pm regarding Resident #14's inhalant medication, Staff F stated: "We squeeze it and we encourage him to inhale." Staff F confirmed having given Resident #14 two puffs instead of one. Staff F stated that she is a Med Tech and has been trained in providing residents assistance with self-administration of medication.

Class III