STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	R **08/07/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COTTAGE OF LAKELAND	**605 CARPENTERS WAY** **LAKELAND, FL 33809**

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

0000 - Initial Comments

Assisted Living Facility

A follow-up visit to Complaint CCR 2017003758 and 2017004887 was conducted at Savannah Cottage of Lakeland on . Savannah Cottage of Lakeland had a deficiency at the time of the visit.

(License #9783)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to maintain an updated written record concerning significant changes that resulted in the provision of additional services for one (Resident #3) of four records reviewed for changes in condition.

Findings included:

An interview was conducted with the Administrator at 12:12 PM on and they indicated that Resident #3 was recently hospitalized.

An interview was conducted at approximately 1:00 PM on with an LPN from a home health agency that provided care for Resident #3 and they stated that Resident #3's recent x-rays showed that the resident had a hip and was admitted to the hospital. A review of facility records conducted on showed no documentation concerning Resident #3 being admitted to the hospital or notification of Resident #3's responsible party or physician.

The Administrator was interviewed at 2:00 PM on concerning the lack of documentation in Resident #3's record regarding their hospital visit and notification of responsible parties and physician. The Administrator acknowledged that the written record wasn't updated according to requirements.

Class III