STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965678	**08/20/2017**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6550 N SCORUM LOOP ROAD** **LAKELAND, FL 33809**	

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

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on observation, interview, and record review, the facility failed to maintain the employment status of employees within the employee roster listed in the AHCA background screening clearinghouse (Employee Roster), within 10 business days of initial employment, for three (Staff A, Staff B, and Staff C) of three employee records reviewed.

Findings included:

A review of employee records conducted on . . . showed that Staff A had a date of hire of . . . . , Staff B had a date of hire of , and Staff C had a date of hire of .

A review of the Employee Roster conducted on showed that Staff A, Staff B, and Staff C were not listed as required.

An interview was conducted with the Administrator at 7:19 PM on . . . . concerning the lack of entries of employment status in to the Employee Roster for Staff A, Staff B, and Staff C. The Administrator stated that the facility was in the process of doing audits and updates and acknowledged that Staff A, Staff B, and Staff C were not entered in to the Employee Roster.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2017006015 and CCR# 2017006493) were conducted at Savannah Court of Lakeland on . Savannah Court of Lakeland, Assisted Living Facility, had deficiencies at the time of the investigation.

(License # 10024)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to maintain medication observation records (MORs) that recorded each time a medication is taken, any missed dosages, refusals to take medications as prescribed, or medication errors for three (Resident #1, Resident #2, and Resident #3) of three records reviewed.

Findings included:

A review of residents' MORs for 2017 was conducted on . A review of Resident #1's MORs showed the medication Trazodine and a blank space for provision at 8 PM on . An interview was conducted with the Resident Care Coordinator on at 5:14 PM and they stated that someone forgot to sign it. Resident #1's MORs also showed the medication Timodol Eye Drops with a blank space for provision on at 8 AM. The Resident Care Coordinator was interviewed during the same timeframe and stated that they believed the resident was out of the building. There was no documentation on the back of the MORs as to why the resident did not receive the medications.

A review of the MORs for Resident #2 showed the medication , . There were blank spaces for provision on - 17. The Resident Care Coordinator was interviewed at approximately 5:20 PM on concerning the blank spaces for this medication. They stated that they kept sending refill requests to the pharmacy and were not aware that they needed a new prescription. There was no documentation on the back of the MORs as to why the resident did not receive the medication.

A review of the MORs for Resident #3 showed the medication , HDR with blank spaces for

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provision on - . An additional medication, Oxybutyrin CL ER, showed blank spaces for - . An interview was conducted with the Resident Care Coordinator at 5:22 PM on and they stated that they were not receiving medications from the hospice pharmacy as required. A further review of Resident #3's MORs showed the medication Powder with blank spaces for - and with blank spaces for for the 2 PM dosage and blank spaces for - for the 8 PM dosages. The Resident Care Coordinator was interviewed during the same timeframe concerning the blank spaces and stated that somebody didn't sign it.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication are filled or refilled in a timely manner for two (Resident #2 and Resident #3) of three records reviewed.

Findings included:

A review of the medication observation records (MORs) for Resident #2 showed the medication , . There were blank spaces for provision on - 17. The Resident Care Coordinator was interviewed at approximately 5:20 PM on concerning the blank spaces for this medication. They stated that they kept sending refill requests to the pharmacy and were not aware that they needed a new prescription. There was no documentation on the back of the MORs as to why the resident did not receive the medication.

A review of the MORs for Resident #3 showed the medication , HDR with blank spaces for provision on - . An additional medication, Oxybutyrin CL ER, showed blank spaces for - . An interview was conducted with the Resident Care Coordinator at 5:22 PM on and they stated that they were not receiving medications from the hospice pharmacy as required. There was no documentation on the back of the MORs as to why the resident did not receive the medications.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain a written statement from a health care provider, within 30 days after beginning employment, documenting that the individual does not have

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signs or symptoms of a communicable (Communicable Statement), for three (Staff A, Staff B, and Staff C) of three employee records reviewed. Additionally, the facility failed to provide evidence of a negative examination, documented on an annual basis (Exam), for three (Staff A, Staff B, and Staff C) of three employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff A had a date of hire of , Staff B had a date of hire of , and Staff C had a date of hire of . A review of the three employee records showed an absence of Communicable Statements and Exams.

An interview was conducted with the Administrator at 7:15 PM on concerning the lack of Communicable Statements and Exams in Staff A, Staff B, and Staff C's records. The Administrator stated that there had been a delay and acknowledged that the Communicable Statements and Exams were not in the three files.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to provide proof that a staff member who had completed courses in First Aid (First Aid Card) for three (Staff A, Staff B, and Staff C) of three employee records reviewed. Additionally, the facility failed to ensure that a staff member had training in ( ) and held a currently valid card documenting completion of such courses and were in the facility at all times for two (Staff A and Staff B) and of three employee records reviewed.

Findings included:

A review of staffing schedules showed that Staff A, Staff B, and Staff C provided direct care to the facility's residents. A review of Staff A and Staff B's records showed no proof of a valid First Aid or card in their records. A review of Staff C's record showed no proof of a valid First Aid Card.

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An interview was conducted with the Administrator at 7:18 PM on concerning the lack of First Aid and cards in the employees' records. The Administrator acknowledged that currently valid cards documenting completion of such courses were not in the employees' records and it was possible that the employees might be alone temporarily in the facility.

Class III