

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 11/08/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH GRAND OF MAITLAND	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NORTH WYMORE ROAD MAITLAND, FL 32751	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on _____, 2017. Indigo Palms at Maitland, license #10704, had deficiencies at the time of the visit.

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

Based on record review and interview, the facility failed to notify a health care provider when a resident became ill and was not given prescribed _____ (#47).

Findings:

Record review for resident #47 revealed he had a diagnosis of _____ type 2.

A nurse's note dated on _____ indicated that he was not feeling well and he _____ on the floor. He refused to eat breakfast and lunch and he felt "pukey." He _____ a small amount of yellow _____ on his wheelchair and the floor.

Review of the _____ 2017 Medication Observation Record (MOR) for resident #47 revealed an entry for Lantus _____, inject 14 units _____, once daily. The staff initials for his dose of _____ on _____ at 4 pm were circled. The back of the MOR indicated the _____ was held because he was not feeling well and he was not eating.

The MOR indicated his _____ sugar reading on _____ at 4 pm was 82.

Record review for resident #47 revealed no documented evidence the facility notified the resident's health care provider when he _____, he refused to eat, and when the nurse held his _____.

On _____ at 1:15 pm, staff RR, the nurse who documented the notes on _____ and who held his _____, confirmed the findings and said a health care provider was not notified because resident #47 had a Veterans Affairs (VA) doctor and since it was a Saturday, the VA was closed.

Class III

N277 - LNS - Resident Care Standards - 58A-5.031(2) FAC

Based on record review and interviews, the facility failed to employ or contract with a nurse who would be available to conduct assessments for residents who received Limited Nursing Service (LNS).

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Findings: Review of the Florida Health finder website revealed the facility held a license to provide LNS. On at 3 pm, the resident care coordinator identified a registered nurse and said the nurse worked for the company that owned the facility and the nurse was contracted to provide the required monthly resident assessments for LNS. A review of the contract revealed it was dated on . During a phone interview with the registered nurse on at 3:45 pm, she said she no longer worked for the company that owned the facility. She said she was independently contracted with the company to just administer and read tests and to review policies and procedures. She said there was not a new contract developed between her and the facility to provide resident assessments after she no longer worked for the company. On at 4 pm, the interim executive director confirmed the facility did not employ or contract with a nurse who would be available to conduct resident assessments. Class III		