STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	R **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 third revisit to a complaint investigation (#2017003496) was conducted on , 2017. Indigo Palms at Maitland, license #10704, had a deficiency at the time of the revisit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

DEFICIENCY Remained Uncorrected

Based on record reviews and interview, the facility failed to ensure the health assessment form 1823 was complete for 2 of 4 sampled residents (#37 & #50).

Findings:

1. Review of a health assessment form 1823 for resident #37 that was dated on revealed the section regarding how much assistance he required with was not answered.

2. Review of a health assessment form 1823 for resident #50 that was dated on revealed the section regarding how much assistance she required with eating was not answered.

The record for residents #37 and #50 did not contain evidence to indicate the facility obtained the omitted information from a health care provider.

On at 2:35 pm, the resident care coordinator confirmed the findings.

Class III