| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965546** | **12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BARTOW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**290 IDLEWOOD AVENUE**<br>**BARTOW, FL 33830** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced, abbreviated biennial licensure survey was conducted on , in conjunction with two complaint investigations, (CCR# 2017011312 & CCR# 2017014309).

The Savannah Court of Bartow, Assisted Living Facility, (License # 9888), had deficiencies at the time of this visit.

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

Based on observation, interview, and record review, the facility failed to document in the Medication Observation Record (MOR)each time the medication is taken for 3 of 5 residents ( #1, #2, #3 ) reviewed for assistance with self administration of medications.

Findings included:

A review of the MOR revealed that there were days not marked (holes) indicating the residents did not receive their medications as prescribed..

The 2017 MOR for Resident #1 revealed the following medications not given based on no documentation on the MOR:

The MOR for Resident #1 revealed that on the following meds were not marked as given
10 mg give one tablet by mouth once daily 8:00am
Omega-3 fish oil 1 gm softgel ( ): 8:00am
50 mg tablet once daily ( , ): 8:00am
E 400 mg one capsule daily ( ): 8:00am
25 mg tablet 3x daily (High ): 8:00am , 12PM, (also not given , 7, 8 ,9,10)
Revuela 800 mg 1 tablet 3 x daily (lower , , in ): 8:00am
Not given 12 pm (also not given on 12-1, 12-8)

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965546** | **12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BARTOW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**290 IDLEWOOD AVENUE**<br>**BARTOW, FL 33830** | |

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

500 mg 1 tablet 4 times a day (pain)
Not given 8 am on 12-1
Not given 12 pm on 12-1,12-8,
Not given 4 pm 0n 12-4
Not given 8 pm on
40 mg at bedtime ( )
Not given 8 pm
There were no reasons listed on the back of the MOR to indicate the reason the medication was not given.

Resident #2's 2017 MOR revealed that on the following dates, meds were not marked as given:

5 mg at bedtime not given there was no documentation on the back of the MOR to indicate the reason the medication was not given.

Resident #3's 2017 MOR revealed the following:

capsule daily ( )
Not given on

Not given on
Fish Oil 2x daily
Not given at 8 am or 4 pm
2x daily
Not given at 8 am or 4 pm on
2x daily
Not given 8 am on
one capsule 2 x daily
Not given at 4 pm on 12-7, 11,12
tartate 25 mg 2x daily
Not given at 8 am on
Not given at4 pm on 12-7 and 12-11-1
There were no reason given on the back of the MOR to indicate way the medication was not given.

The medication was in the medication cart and available on the day of this survey.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965546 | 12/12/2017 |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BARTOW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**290 IDLEWOOD AVENUE BARTOW, FL 33830** | |

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

During an interview with Staff A med tech on ... ... at 1:00pm it was stated that she is responsible for reviewing the MOR to ensure the residents are receiving their medications. The med tech stated she did not know why there were so many holes in the medication observation record. The med tech stated she believes the medications were given but that the med tech did not initial it as given. The med tech confirmed the back of each MOR did not have a reason as to why the medication was not given.

Class III

**0081 - Training - Staff In-Service - 58A-5.0191(2) FAC**

Based on interview and record review, the facility failed to ensure that 2 of 3 staff (Employees B and C ) whose files were reviewed had documentation of the required Activities of Daily Living and Behavior needs, Elopement response, Emergency preparedness and evacuation, Incident reporting, Residents Rights, Recognizing and Reporting .... & Neglect & , ..... , Nutritional & Food Safe Handling, in-service training within 30 days of employment status.

Findings included:

A review of the employee personnel records on revealed Employee C was hired on . Employee C's file did not contain documentation indicating that the following inservices or trainings were taken:

1 hour for Activities of Daily Living and Behavior needs, Elopement response, Emergency preparedness and evacuation, Incident reporting, Residents Rights, Recognizing and Reporting .... & Neglect & , , Nutritional & Food Safe Handling

A review of the employee personnel records revealed employee B was hired on 11/ . Although Employee B's file revealed documentation indicating all required training was received on a computer website, the elopement training, emergency preparedness and evacuation, and training were not facility specific.

An interview was conducted on at 5:00 pm with the Administrator who confirmed the findings.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965546** | **12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BARTOW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**290 IDLEWOOD AVENUE**<br>**BARTOW, FL 33830** | |

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

Class III

**0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC**

Based on record review and interview the facility failed to ensure 1 of 3 med techs had a 2 hour medication update training.

Findings included:

During an review of employee records it was revealed that employee C did not have a 2 hour update in medication training available for review. The employee had documentation of a 4 hour training conducted on .

.

An interview was conducted on at 4:00pm with the administrator. She stated that she would review staff files to have cureant training conducted and available.

Class III

**0090 - Training - - 58A-5.0191(11) FAC**

Based on interview and record review, the facility failed to ensure 3 of 3 sampled employee files (Employees A, B, C ) had documentation of the required 1 hour in in-service training within 30 days of employment that pertain specifically to the facility's policies and procedures.

Findings included:

A review of the employee personnel records on revealed employee A was hired on . Employee A's file revealed Employee (A) documentation indicating the required 1 hour for in-service training was completed on a website training and not a facility specific training.

A review of the employee personnel records on revealed employee B was hired on Employee B's file revealed Employee (B) file did not have documentation indicating the required 1 hour for in-service training was completed on a website training and not a facility specific

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965546** | **12/12/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF BARTOW** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**290 IDLEWOOD AVENUE**<br>**BARTOW, FL 33830** | |

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

training

A review of employee C's personnel records on revealed employee C was hired on 2// and did not have documentation indicating the required 1 hour training in . . . . . . . . . . No further documentation was provided

During an interview with the Administrator on at 5:10 P.M. she confirmed the findings.

Class III