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

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, record review, and interview, the facility failed to maintain the employment status of all employees within the Background Screening Clearinghouse, including Initial employment status and any changes in status within 10 business days, for the Administrator and 3 of 7 employees providing direct care services for a current census of 32 in-house residents.

Findings included:

AHCA Surveyor arrived at the facility on [redacted] at 8:15am to begin a Biennial survey and was told by the Community Relations Coordinator/Marketing that the Administrator is on her way-- the Administrator arrived at 9:00am and introduced herself as the facility Administrator. The Administrator stated she became the Administrator effective [redacted].

Per [redacted] review of the facility's roster on the AHCA Background Screening website, the Regional Director of Operations is listed as the facility Administrator effective [redacted], and the Administrator is listed as Other Licensed Health Care Professional hired [redacted]. Per [redacted] interview with the Administrator, she stated she is not a licensed Health Care Professional and was hired as facility Administrator.

Per record reviews and staff interviews (Staff A, B, and C) conducted at the facility on [redacted], Staff A, B, C, D, E, F, & G are all Resident Aides who provide direct resident care at the facility. Per record review, Staff C, D, & E all completed and signed Resident Incident Reports at the facility.

A [redacted] review of the facility's Employee Roster on the AHCA Background Screening website found that Staff C, D, & E were not listed as employees of the facility.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that employees were background screened every 5 years. (Employees A and C)

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Findings included:

An employee record review revealed that Employee A was hired on [redacted]. Her last background screening was conducted on [redacted]. A review of the Background Screening Clearinghouse website on [redacted] also revealed that the last screening was [redacted] and that a new screening is required.

An employee record review revealed that Employee C was hired on [redacted]. Her last background screening was conducted on [redacted]. A review of the Background Screening Clearinghouse website on [redacted] also revealed that the last screening was [redacted] and that a new screening is required.

An interview was conducted with the Administrator on [redacted] at 3:30 PM and she stated that she was not aware that these rescreenings were required.

Unclassified

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0000 - Initial Comments

Assisted Living Facility

Two unannounced complaint investigations, (CCR# 2017011312 & CCR# 2017014309), were conducted on [redacted], in conjunction with an abbreviated biennial state licensure survey. The Savannah Court of Bartow, Assisted Living Facility, (License # 9888), had deficiencies at the time of this visit.

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

Based on record review and interviews, the facility failed to ensure that 3 of 4 residents whose records were reviewed have undergone face-to-face medical examinations completed by a licensed health care provider and recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, within 60 calendar days prior to admission to the facility or within 30 calendar days after the resident's admission to the facility.

Findings included:

Per [redacted] record review, Resident #1 was admitted to the facility on [redacted]. Resident #1's Resident Health Assessment (AHCA Form 1823) was dated [redacted]. It was not completed within 60 calendar days prior to facility admission.

Per [redacted] record review, Resident #2 was admitted to the facility on [redacted]. Resident #2's Resident Health Assessment (AHCA Form 1823) was dated [redacted]. It was not completed within 60 calendar days prior to or within 30 calendar days after facility admission.

Per [redacted] record review, Resident #5 was admitted to the facility on [redacted]. Resident #5's Resident Health Assessment (AHCA Form 1823) was dated [redacted]. It was not completed within 30 calendar days after facility admission. Additionally, Resident #5's Assessment did not contain page 2 - There was no assessment of ADL performance, no dietary needs, no indication of whether resident has a communicable [redacted] or pressure sores, poses a danger to himself or others, and contained no physician statement that resident's needs can be met in an ALF.

Interviews conducted on [redacted] with Staff and Administration and record reviews confirmed residents

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#1,2 and 5 were admissions to the facility.

Class III

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interviews, the facility failed to ensure that 2 of 3 residents whose records were reviewed had a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first, and that the results of the examination are recorded on AHCA Form 1823 (Resident Health Assessment for Assisted Living Facilities).

Findings included:

Per [redacted] record review, Resident #3 was admitted to the facility on [redacted]. Resident #3's file contained a Resident Health Assessment (AHCA Form 1823) dated [redacted], that indicated the resident was independent with all Activities of Daily Living. An updated Form 1823 was not observed in Resident #3's record. Per record review of a "Resident Information Change Form", Resident #3 was admitted to the hospital on [redacted] and returned from the hospital to the facility on [redacted]. Per [redacted] interviews with Staff A & Administration, Resident #3 eloped from the facility on [redacted]; per staff interviews, Resident #3 also eloped from the facility during [redacted] 2017; no report was found in facility records. Per record review and interviews, Resident #3 was discharged to a higher Level of Care on [redacted]. Despite hospitalization, elopements, and discharge to a higher level of care, no updated Resident Health Assessment (AHCA Form 1823) was completed; no update completed at least every 3 years after the initial assessment and no update completed after a significant change.

Per [redacted] record review, Resident #1 was admitted to the facility on [redacted]. Resident #1's file contained a Resident Health Assessment (AHCA Form 1823) dated [redacted]. The Form 1823 indicated that the resident had advanced [redacted] but was independent and/or required supervision in ADL's. It also indicated a "SNF is suggested" and the box for elopement risk was incomplete. Per [redacted] interviews with Staff A & Administration , Resident #1 eloped from the facility on [redacted]; It was stated that Resident #1 also eloped from the facility during [redacted] 2017; no report was found in facility records. Per record review and interviews, Resident #1 was discharged to a higher Level of Care on [redacted]. Despite elopements and discharge to a higher level of care, no updated Resident Health Assessment (AHCA Form 1823) was completed after the original Form 1823 dated [redacted]. Interviews

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conducted on [redacted] with Staff and Administration confirmed the above findings.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on observation, record review, and interview, the facility failed to ensure that the facility is under the supervision of an Administrator who completed the core training and core competency test requirements no later than 90 days after becoming employed as a facility Administrator. In addition, the facility owner failed to notify the agency of the change in Administrator within 10 days and provide documentation within 90 days that the new Administrator has completed the applicable core educational requirements.

Findings included:

AHCA Surveyors arrived at the facility on [redacted] at 8:15am to conduct a survey and was told by the Community Relations Coordinator/Marketing that "the Administrator is on her way". The Administrator arrived at 9:00am and introduced herself as the facility Administrator. She also stated the Regional Director is available. She stated she became the Administrator effective [redacted].

Per [redacted] record review the Administrator signed a job description as Interim Executive Director on [redacted] and completed core competency test requirements on [redacted]. The Administrator signed an Incident Report as Executive Director on [redacted].

Per [redacted] review of the facility's roster on the AHCA Background Screening website, the Regional Director of Operations is listed as the facility Administrator effective [redacted], and the Administrator is listed as Other Licensed Health Care Professional, hired [redacted]. Per interview with the Administrator, she stated she is not a licensed Health Care Professional and was hired as facility Administrator. The Owner failed to notify the agency of the change of Administrator within 10 days and to update the facility roster accordingly.

Class III