

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966519	(X3) DATE SURVEY COMPLETED 01/11/2018
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 complaint Investigation #2017014411 was conducted on . Savannah Grand of Maitland Assisted Living Facility License #10704 had deficiencies at the time of the visit.

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

Based on personnel record review and interview, the facility failed to maintain documentation of a valid card of the First Aid certification that was completed for 1 of 5 sampled staff (C) as required.

Findings:

Staff C's personnel record review revealed date of hire on and there was no evidence of the First Aid course was completed.

On at 4:30 PM, an interview with the Business Office Manager who confirmed the finding.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on personnel record review and interview, the facility failed to ensure that 2 in 4 sampled staff (A & C) who provide direct care to residents received the required 's and Related (ADRD) Training.

Findings:

1. Personnel Record review for Staff A hired in did not reveal any certificate for Level I training, which is required within 3 months of hire.

In an interview with the administrator on at 4:30 PM, she confirmed that she did not have the required documentation.

2. Staff C's personnel record review revealed date of hire on and did not have documentation of the 4 hours initial Level 1 ADRD training within 3 months of employment.

On at 4:30 PM, an interview with the Business Office Manager who confirmed the finding.

Class III

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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