STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965678	**01/24/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6550 N SCORUM LOOP ROAD** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

On , 2018, a biennial re-licensure survey in conjunction with complaint surveys, (CCR# 2017013945, CCR# 2017014011, CCR# 2017014220, CCR# 2017014226, & CCR# 2017013725), were conducted at Savannah Court of Lakeland, Assisted Living Facility. Deficient practice was identified during the surveys.

(License # 10024)

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

Based on record review and interview, the facility failed to obtain complete documentation of a face-to-face health assessment (AHCA Form 1823), including the date of the examination, for one (Resident #14) of three resident records reviewed.

Findings included:

A review of Resident #14's record conducted on showed a date of admission of . A review of Resident #14's most recent AHCA Form 1823 showed a blank space for the date of the examination (photographic evidence obtained).

An interview was conducted with the Resident Care Coordinator on at 2:55 PM concerning Resident #14's AHCA Form 1823. The Resident Care Coordinator reviewed the AHCA Form 1823 and acknowledged that the examination date area was blank.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to provide serving sizes according to its registered dietitian menu. Additionally, the facility failed to provide a therapeutic diet as ordered by the health care provider for one (Resident #14) of two residents requiring a therapeutic diet.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of the facility's registered dietitian approved menu (Menu) for the lunch meal for showed tossed salad/dressing, beef stew with vegetables, broccoli, dinner roll, butter, dessert or fruit of the day, milk/coffee/tea/decaf. A review of serving sizes on the Menu showed that 4 ounces of broccoli was required to be served (photographic evidence obtained).

The lunch meal was observed at 11:55 AM on and there was no observation of broccoli on residents' plates.

An interview was conducted with the Cook at 12:36 PM on concerning the lack of broccoli provided to the residents during the lunch meal. The Cook stated that they put two cups of broccoli in to the beef stew. This did not meet the requirement of 4 ounces per resident.

A review of Resident #14's most recent AHCA Form 1823 stated that the resident required a pureed diet (photographic evidence obtained). Resident #14 was observed during the lunch meal beginning at 11:55 AM on . Resident #14 was eating a tossed salad with tomatoes and beef stew with vegetables and pasta. The meal that Resident #14 was eating was not pureed.

An interview was conducted with Staff C at 12:32 PM on concerning the meal served to Resident #14. Staff C stated that Resident #14 got a mechanical soft meal and was served a tossed salad, beef stew and macaroni. A sign was also observed in the kitchen stating that Resident #14 was to receive a mechanical soft diet (photographic evidence obtained).

The Resident Care Coordinator was interviewed at 2:50 PM on and stated that there was an order change to a mechanical soft diet. A review of Resident #14's on record showed no documentation of an order change to a different diet.

Class III