STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965546	03/06/2018
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)

0000 - Initial Comments

Assisted Living Facility (ALF)

A Complaint Investigation (CCR#: 2018001011) on was conducted at Savannah Court of Bartow Assisted Living Facility (ALF). Savannah Court of Bartow ALF had deficient practice at the time of the investigation.

(License#: 9888)

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 omitted information from the Agency for Health Care Health Assessment Form 1823 (AHCA 1823) within thirty days of admission for one Resident (#1) of three sampled residents.

Findings Included:

A record review for Resident #1 conducted on , revealed that Resident #1 had several AHCA 1823s. One AHCA 1823 did not include the date of examination and stated that Resident #1 needs assistance with Activities of Daily Living (ADLs) for bathing, dressing, , and toileting; and, total assistance with ADLs for ambulation and transferring. The AHCA 1823s dated and stated Resident #1 needs assistance with all ADLs except for eating. Resident #1's AHCA 1823 dated (See Photographic Evidence1) stated that Resident #1:

- Was independent with all ADLs except
- Needed supervised assistance with
- Did not indicate that Resident #1 was a risk or need precautions
- Did not indicate that Resident #1 was on Hospice
- Was missing the required documentation: height, weight, nursing/treatment/ services, and

Resident #1's name and date of birth was not indicated on page four
Resident #1 had a decline in condition, which necessitated orders on for Hospice to evaluate and treat. No new AHCA 1823 obtained when Hospice admitted Resident #1.

During a staff interview with the Administrator conducted on at 03:00pm, the Administrator acknowledged and confirmed omitted data from Resident #1's AHCA 1823.
Class III

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SAVANNAH COURT OF BARTOW	**290 IDLEWOOD AVENUE BARTOW, FL 33830**

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

Based on record review and interview, the facility failed to obtain an interdisciplinary care plan which specifies the care and service being provided by hospice and those being provided by the facility for one hospice Resident (#1) of one sampled hospice residents who no longer met continued residency criteria for the facility.

Findings Included:

A record review for Resident #1 conducted on . . . . . , revealed that Resident #1 had several Agency for Healthcare Administration Health Assessment Form 1823 (AHCA 1823). One AHCA 1823 did not include the date of examination and stated that Resident #1 needs assistance with Activities of Daily Living (ADLs) for bathing, dressing, ˬ ˬ, and toileting; and, total assistance with ADLs for ambulation and transferring. The AHCA 1823s dated . . . . . and . . . . . stated Resident #1 needs assistance with all ADLs except for eating. Resident #1's AHCA 1823 dated . . . . . (See Photographic Evidence1) stated that Resident #1:

- Was independent with all ADLs except ˬ ˬ
- Needed supervised assistance with ˬ . . ˬ
- Did not indicate that Resident #1 was a risk or need precautions
- Did not indicate that Resident #1 was on Hospice
- Was missing the required documentation: height, weight, nursing/treatment/ , ˬ services, and

Resident #1's name and date of birth was not indicated on page four
Resident #1 had a decline in condition, which necessitated orders on for Hospice to evaluate and treat. No new AHCA 1823 obtained when Hospice admitted Resident #1. No Interdisciplinary Care Plan was found in Resident #1's record specifying care and services being provided by Hospice and those provided by the facility.

During a staff interview with the Administrator conducted on . . . . . at 03:45pm, the Administrator handed surveyor Resident #'1 Hospice Team Care Plan, the Hospice Clinical Updates, and the Hospice Progress Notes. The Administrator stated that, "this is all we have."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide evidence of freedom from communicable statement including ( ) within thirty days of employment for three

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SAVANNAH COURT OF BARTOW	**290 IDLEWOOD AVENUE BARTOW, FL 33830**

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

employees (Staffs A, B, and C) of three sampled employees.

Findings Included:

An employee record review for Staff A conducted on revealed that Staff A did not have documentation of a negative test or a freedom of communicable statement. Staff A was hired on . Staff A's has two job descriptions (1) a Medication Technician; and, (2) a Resident Care Aid.

An employee record review for Staff B conducted on revealed that Staff B did not have documentation of a negative test or a freedom of communicable statement. Staff B was hired on . Staff B has a job description as a Resident Care Aid.

An employee record review for Staff C conducted on revealed that Staff C did not have documentation of a negative test or a freedom of communicable statement. Staff C was hired on . Staff C's has a job descriptions as a Resident Care Aid.

During an interview with the Administrator conducted on at 04:42pm, the Administrator acknowledged and confirmed that the facility did not obtain tests or freedom from communicable statements for Staffs A, B, and C. The Administrator stated that, "the tests have not been performed." No further documentation provided.

Class III

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

Based on record review and interview, the facility failed to provide or arrange for employee in-service training related to control and elopement response for one employee (Staff B) of three sampled employees.

Findings Included:

An employee record review for Staff B conducted on revealed that Staff B did not receive the required one-hour control in-service training before providing personal care to residents. Staff B did not receive the required one-hour elopement training within thirty-days from the date of hire. Staff B's job title is Resident Care Aid. Staff B was hired on . Staff B is on the facility's current schedule.

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SUMMARY STATEMENT OF DEFICIENCIES
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During a staff interview with the Administrator conducted on [redacted] at 04:42pm, the Administrator acknowledged and confirmed that Staff B did not have documentation of receiving the required in-service trainings for [redacted] control and elopement response.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to report an adverse incident, which resulted in a [redacted] of bones for one Resident (#2) of two sampled residents.

Findings Included:

A record review for Resident #2 conducted on [redacted], revealed that Resident #2 sent to the Hospital on [redacted] due to a [redacted] and sustained a "right nasal bone [redacted]." Upon return to the Facility, Resident #2 had another [redacted] in which X-ray results dated [redacted] stated there was a "[redacted] of the surgical neck of the humorous with impaction." Hospice notes dated [redacted] stated that they are, "opting for pain management due to [Resident #2] not a surgical [redacted]."

During a staff interview with the Administrator conducted on [redacted] at 03:00pm, revealed that the facility did not fill out an Adverse Incident Report and report Resident #2 [redacted] which resulted in [redacted]. When the incident reports for Resident #2's multiple [redacted] were requested, the Administrator stated that, "I can't find his incident report."

Class III