| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11965678 | R<br>03/14/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SAVANNAH COURT OF LAKELAND** | **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

A revisit to biennial survey was conducted at Savannah Court of Lakeland on in conjunction with a revisit to complaint (CCR 2017014220, 2017014011, and 2017013945) and a complaint investigation (CCR 2018002526). Savannah Court of Lakeland had deficiencies at the time of the visit.

(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 ensure all residents had complete documentation of a face-to-face health assessment (AHCA Form 1823), including the date of the examination, for two (Resident #8 and Resident #6) of four records reviewed.

Findings included:

A review of Resident #8's record on showed a date of admission of . A review of Resident 36's record showed a date of admission of . A review of resident #8's most recent AHCA Form 1823 showed no date of examination. A review of Resident #6's record showed an absence of an AHCA Form 1823.

The Administrator was interviewed at 12:17 PM on concerning the lack of an examination date on Resident #8's AHCA Form 1823. The Administrator stated that they would be requesting a new AHCA Form 1823 from the resident's health care provider.

The Administrator was interviewed again at 3:08 PM on and asked to provide Resident #6's AHCA Form 1823. The Administrator stated that they were not able to find it.

Class III

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

Based on record review and interview, the facility failed to utilize a registered dietitian approved menu that included portion sizes.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965678** | R<br>**03/14/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SAVANNAH COURT OF LAKELAND** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**6550 N SCORUM LOOP ROAD**<br>**LAKELAND, FL 33809** | |

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

Findings included:

A review of the facility's menu for the lunch meal served on [redacted] indicated salad of the day, beef stew w/vegetables, Brussel sprouts, dinner roll, butter, dessert or fruit of the day, milk, coffee, tea, decaf. The menu showed no portion sizes (photographic evidence obtained).

The Administrator was interviewed at 11:47 AM on [redacted] concerning food portion sizes on the menu. The Administrator stated that the approved menu they had with portion sizes was not consistent with the day's menu (it read cottage pie, mashed potatoes, squash, dinner roll, butter, dessert or fruit, milk, coffee, tea, decaf (photographic evidence obtained).

Class III