STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey CCR# 2018001444 & CCR# 2018002224 was conducted at Savannah Cottages of Lakeland Assisted Living Facility from - . Savannah Cottages of Lakeland Assisted Living Facility had deficient practice identified at the time of the survey.

License: 9783

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on record review and interview, the facility failed to ensure medical records were made available to the legal representative for one of one sampled residents (Resident #1) upon request.

Findings included:

On at 2:30 P.M. a phone interview was conducted with an agent/representative for Resident#1. The representative stated she has tried multiple times to obtain medical records from the facility for Resident #1. The representative stated the facility was sent a certified letter on 2017 with a request for medical records to be sent within ten business days. The representative received a mailed confirmation that the request for records was signed for in of 2017. Another request was initiated on 2017 via email, still no records were provided to the representative for Resident#1. The representative confirmed an authorization for medical release was signed by Resident #1's power of attorney for each request.

On at 10:30 A.M. a phone interview was conducted with Resident #1's power of attorney. The Power of Attorney stated she signed a medical authorization release for records with the representing agency in of 2017. However, per the Power of Attorney, the facility has yet to relinquish any records requested.

On a record review of Resident #1's file revealed Resident#1 was admitted to the facility on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**04/04/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

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

and discharged from the facility on . The resident agreement showed a signature dated , the signature showed the name of the power of attorney on the signature line.

On at 5:14 P.M. during an interview with the administrator, the administrator stated she was aware that records were requested by Resident #1's representing agency sometime last year. The administrator stated at this time, her corporate office is handling Resident#1's medical records request. When documentation was requested showing that medical records for Resident #1 were sent per the request, no evidence of documentation was provided.

Class III