STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	R **05/21/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF HAINES CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 PENINSULAR DRIVE** **HAINES CITY, FL 33844**	

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

0000 - Initial Comments

A revisit was conducted on . . . for Savannah Court in Haines City. At the time of the survey, the facility had deficient practice.

License # 9382

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 that 6 of 6 sampled residents (#1, #2, #3, #4, #6 #7) had complete and accurate documentation of a face-to-face health assessment (AHCA form 1823).

Findings included:

A review of resident records conducted on revealed the following:

Resident #'s1 health assessment dated indicated that the resident requires medication administration.

Resident #2 has a health assessment dated . . that indicates the resident requires medication administration.

Resident #3 has a health assessment dated that indicates the resident requires medication administration and there wass no height or weight listed.

Resident #4 has a health assessment dated . . . . indicating the resident requires medication administration.

Resident #6's health assessment dated indicated that requires medication administration.
Resident #7 health assessment dated . . does not have the resident's height and weight listed and it does not indicate the type of assistance the resident requires with medication.

During an interview with the administrator on at 10:00 am, the administrator confirmed the faciltiy does not employ nurses and only has unlicensed staff assisting with self-administration of medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	R 05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF HAINES CITY	**301 PENINSULAR DRIVE** **HAINES CITY, FL 33844**

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

During an interview with the administrator on . . . . at 3:00pm, the administrator confirmed the findings upon review of the incomplete health assessments.

Class III

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

Based on record review and interview, the facility failed to ensure that 9 of 12 sampled residents receiving hospice services (# 2. # 3, # 4, # 5, # 6, # 9, # 10, #11, #12) had an interdisciplinary plan of care between the hospice provider and the facility, specifying what services each would provide the resident.

Findings Included:

During a review of resident records in the facility conducted on . . . . . , it was revealed that 9 residents receiving hospice services in the facility did not have interdisciplinary plans of care in their records. The findings were as follows:

Resident #2 had no interdisciplinary plan of care.
Resident #3 had no interdisciplinary plan of care.
Resident #4 had no interdisciplinary plan of care.
Resident #5 had no interdisciplinary plan of care.
Resident #6 had no interdisciplinary plan of care.
Resident #9 had no interdisciplinary plan of care.
Resident #10 had no interdisciplinary plan of care.
Resident #11 had no interdisciplinary plan of care.
Resident #12 had no interdisciplinary plan of care.

During an interview with the administrator on . . . . . at 3:00pm, the administrator confirmed that hospice will often leave a hospice care plan in the residents' chart. The administrator stated she thought this was was an interdisciplinary plan of care.

Class III

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

Based on interview and record review, the facility failed to ensure that three of three sampled staff (Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	R 05/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF HAINES CITY	**301 PENINSULAR DRIVE** **HAINES CITY, FL 33844**

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

A, Staff C and Staff E) received in-service training within 30 days of employment for Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation and elopement response policies and procedures and were provided with a copy of the facility's elopement response policies and procedures.

Findings included:

Employee record review on revealed Staff A, C, E had certificates indicating they had received inservice trainings but no documentation that the training was facility specific. The trainings appeared to be general trainings conducted online.

During an interview on at 3:00pm, the administrator stated she has never been told that some of the training needed to be facility specific before.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure that two of three sampled staff (Staff C and Staff E) received training on the facility's policy for ( ).

Findings included:

During a review of the employee record for Staff C conducted on , Staff C had no documentation of completed training in her file.

During a review of the employee record for Staff E conducted on , Staff E had no documentation of completed training in her file.

During an interview with the administrator on at 3:00pm, the administrator stated she would retrain all direct care staff to ensure they had training.

Class III