STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	R 06/20/2018

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)

0000 - Initial Comments

Assisted Living Facility

On , 2018 a 2nd Revisit to 4/5/18 and 5/21/18 Complaint CCR#2018003020 & 2018001391 in conjunction with a standard biennial survey was conducted at Savannah Court of Haines City. At the time of the survey, the facility had deficient practice related to the revisit.

(license # 9382)

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

Based on record review and interview, one of two direct care staff sampled who had been employed at least 30 days (Staff B) had not yet received all required training.

Findings included:

A personnel file review during the survey revealed that Staff B (hired) had no documentation verifying that this individual had received training in the following: a) control/universal precautions; b) resident behavior and needs and providing assistance with activities of daily living (ADLs); c) the facility's elopement response policy/procedure (s); d) emergency preparedness and evacuation training; e) major incident and adverse incident reporting; and f) safe food handling procedures.

Interview with the administrator at 2:20pm on provided no clarification regarding these omissions.

Class III