STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964850	R **08/20/2018**
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

Assisted Living Facility

A revisit to a biennial survey was conducted on for Savannah Court of Haines City (Lic. #9382). At the time of the revisit, the facility had deficient practice.

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

Based on record review and interview, the facility failed to ensure that two of three staff sampled (A; B) had obtained a health care provider's assessment regarding their freedom from signs/symptoms of communicable .

Findings include:

A personnel record review during the revisit found documentation for Staff A (hired), Staff B (hired) and C (hired) indicating freedom from ( ). Further examination of these records found no formal assessments pertaining to other communicable for Staff A and B. Interview with the administrator at 11:45am on provided no clarification for this discrepancy.

Class III