STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	08/10/2018
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF ST CLOUD**	STREET ADDRESS, CITY, STATE, ZIP CODE **3791 OLD CANOE CREEK RD** **SAINT CLOUD, FL 34769**	

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

0000 - Initial Comments

A Complaint Investigation #2018007126 was conducted on . . . . . and . . . . . . Savannah Court of St. Cloud Assisted Living Facility (License #9917) had deficiencies at the time of the visit.

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

Based on resident record review and interview, the facility failed to ensure continued residency for 4 of 6 sampled residents (#1, #3, #4, and #5) after significant changes occurred related to their health status and Activities of Daily Living (ADLs).

Findings:

1. Resident #1's record review revealed date of admission was . The 1823 Health Assessment dated documented the resident was admitted needing care. Continued review of the 1823 Health Assessment revealed on page 2, Section C, the 3rd question was answered yes. The resident was assessed to have a on the left leg. Page 4, Section B documented the resident needs medication administration. This facility does employ a nurse, therefore the facility that cannot provide medication administration.

In addition, the Hospice interdisciplinary plan completed on . . . . . and updated hospice comprehensive assessment completed on did not have the Hospice physician certification signed in the file.

On . . . . . at 4 PM, an interview with Staff D (designated leader) who confirmed the finding.

2. Resident #3's record review revealed date of admission was . . . . . The updated 1823 Health Assessment dated documented on page 4, Section B that the resident is able to administer medications without assistance. This is not correct because the resident had a significant change and now needs assistance with self-administration of medications.

On at 11:30 AM, a brief interview with resident #3 who stated that the staff help him with his medications every day.

On . . . . . at 4 PM, an interview with Staff D (designated leader) confirmed that staff assist resident #3 with his medications and confirmed the finding.

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3. Resident #4's record review revealed date of admission on . The last 1823 Health Assessment completed on was more than . The resident must have a face to face 1823 Health Assessment every 3 years or at significant change by the healthcare provider.

On at 4 PM, an interview with Staff D (designated leader) who confirmed the finding.

4. Resident #5's record review revealed date of admission . The 1823 Health Assessment dated completed by the healthcare provider documented the resident was independent in Activities of Daily Living (ADLs) of ambulation, eating, , toileting, and transferring. Supervision with bathing and dressing.

On a physician order for Home Health Care agency to assist with skilled nursing for resident's ostomy care and leakage. This would be a significant change in health status for the resident.

On the Home Health Care agency began coming to assist the resident 3 times week for ostomy care.

On at 1 PM, a brief interview with resident #5 who stated that now she needs help with most of ADLs especially dressing, , toileting, and bathing.

On at 4 PM, an interview with Staff D (designated leader) confirmed the findings, and further stated that yes staff have been assisting resident #5 with ADLs for the past few months especially with bathing, dressing, , and toileting.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on resident record review and interview, the facility failed to maintain written documentation from the healthcare provider or no documentation that family representative and healthcare provider was not notified after a significant change occurred as required for 4 of 6 sampled residents (#1, #2, #3, and #4).

Findings:
1. Resident #1's record review revealed date of admission into the facility on and documented on the 1823 Health Assessment dated . In addition, there was no documentation or missing copy of the Hospice physician certification or Hospice election statement signed by the healthcare provider in the file.

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On at 4 PM, an interview with Staff D (designated leader) who confirmed the finding.

2. Resident #2's record review revealed date of admission into the facility . Resident was transported and admitted into the hospital on for symptoms and on was stated by Staff D (designated leader) on at 2 PM. Furthermore, the facility staff failed to document or missing notes documenting the hospitalization and that if family and healthcare provider was notified.

3. Resident #3's record review revealed date of admission into the facility on and documented on the updated 1823 Health Assessment dated document on page 4, Section B that resident is able to administer medications without assistance which is not correct, the facility failed to notify and document that the healthcare provider was contacted of the change.

On at 11:30 AM, a brief interview with resident #3 who stated that the staff help him with his medications every day.

On at 4 PM, an interview with Staff D (designated leader) confirmed that staff assist resident #3 with his medications and confirmed the finding.

4. Resident #4's record review revealed date of admission into the facility on and there was no documented written weight record every 6 months as required. The last weight documented on file was on at 238.6 pounds. Missing weight record for , 2018 and , 2018.

On at 4 PM, an interview with Staff D (designated leader) reviewed resident 4's weight log sheet and confirmed the finding.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on resident council meetings notes, grievance request, and interview, the facility failed to honor resident rights and the grievance policy by providing a written follow up to grievances in a timely manner and what was the resolution of the grievances.

Findings:

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Resident Council Meeting notes was reviewed for months , 2018; , 2018; , 2018; , 2018; 2018; and , 201. There were concerns documented in the notes, however, there was no follow up documentation that concerns and issues addressed during these meeting was resolved.

In addition, two-(2) grievance requests submitted to the Administrator dated and had no documented outcome written and no follow up documented.

On at 11 AM, an interview with the Activities Director (staff C) who oversee the resident council meetings every month confirmed that there was no follow up or resolution provided for the issues and concerns addressed.

On at 4 PM, an interview with Staff D (designated leader) who reviewed both of the grievance forms dated and and could not offer a comment. She reviewed the grievance request and confirmed they was no follow up and no resolution provided by the Administrator.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on personnel record review and interview, the facility failed to have documentation of the current First Aid and , , ( ) training for 4 of 13 sampled staff (B, H, I, and L) accredited by the American Red Cross, American Association, and National Safety Council or a provider by the Department of Health.

Findings:

1. Staff B's personnel record review revealed date of hire and her First Aid and training expired on , 2018. She is the lead Med Tech and Resident Caregiver that work on the 1st shift.

2. Staff H's personnel record review revealed date of hire and no documentation that First Aid and training was completed.

3. Staff I's personnel record review revealed date of hire and no documentation that First Aid and training was completed.

4. Staff L's personnel record review revealed date of hire and no documentation that First Aid

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and training was completed.

On at 4 PM, an interview with Staff D (designated leader) who confirmed the findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on personnel record review and interview, the facility failed to have documentation of the completed required 2-hour annual continued education training on medication assistance and medication management for sampled staff B and staff D; and failed to have staff L complete the required 4 hour initial medication training, who all assist with self-administration of medications and medication management to the residents.

Findings:

1. Staff B's personnel record review revealed date of hire . There is no documentation of the 2 hour medication update annual training due .

2. Staff D's personnel record review revealed date of hire . There is no documentation of the 2 hour medication update annual training due .

3. Staff L's personnel record review revealed date of hire . There is no documentation of the initial required 4 hour medication assistance training.

On at 4 PM, an interview with Staff D (designated leader) who had an opportunity to review the personnel records and confirmed the findings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to provide a clean living environment for .

Findings:

Observation on at 2:30 PM, had a long dark black-like stain on the carpet beginning from entering in the resident's bed.

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On at 4 PM, an interview with staff D (designated leader) who stated that all the carpets in the facility had been cleaned a couple of weeks ago but maybe was overlooked by mistake. Staff D stated that she would speak to resident in to apologize and inform her that the carpet would be cleaned as soon as possible.

On at 4:15 PM, staff D went to for observation of the carpet dirty and confirmed the finding.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on the resident record review, the facility's admission and discharge log and interview, the facility failed to ensure the admission and discharge log was not current and not up to date as required for 2 of 6 sampled residents (#1 and #2).

Findings:

1. Resident #1's record review revealed date of admission on and was not listed on the facility's admission and discharge log.

2. Resident #2's record review revealed date of admission on . The resident was admitted to the hospital and did not return to the facility. The admission and discharge log was no updated to reflect the resident the resident was discharged.

On at 4 PM, in an interview with staff D (designated leader) who reviewed the admission and discharge log and confirmed the findings.

Class

0162 - Records - Resident - 58A-5.024(3) FAC

Based on resident record review and interview, the facility failed to maintain weights every 6 months for 1 of 6 sampled residents (#4) who requires assistance with Activities of Daily Living (ADLs).

Findings:

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Resident #4's record review revealed an 1823 Health Assessment dated documenting that resident needs assistance with ADLs. The last weight documented was on of 238.6 pounds in the file.

There was no documentation of weights taken every six months after (due and).

On at 4 PM, an interview with staff D (designated leader) who confirmed the finding.

Class III