STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 - Initial Comments

A Complaint Investigation #2018009340 was conducted on . Savannah Grand of Maitland Assisted Living Facility (License #10704) had a deficiency at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based resident record review and interview, the facility failed to obtain a completed and missing information on the AHCA Form 1823 Health Assessment by a healthcare provider for 1 of 2 sampled resident (#2) as required when unlicensed staff assist residents with Activities of Daily Living (ADLs) including the need for assistance with self-administration of medications.

Findings:

Resident #2's record review revealed an 1823 Health Assessment dated page 4, section B does not have marked the type of medication assistance is needed. Furthermore, the resident need assistance with all his ADLs including ambulation, bathing, dressing, , toileting, and transferring. (Photographic evidence obtained)

On at 3 PM, an interview with the Administrator who confirmed the finding.

Class III