STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964598	**11/05/2018**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH GRAND OF AMELIA ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1900 AMELIA TRACE COURT** **FERNANDINA BEACH, FL 32034**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018012161, was conducted on at Savannah Grand of Amelia Island (License #9108). Savannah Grand of Amelia Island had a deficiency at the time of the investigation.

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

Based on interview and record review the facility failed to maintain records at the licensee's physical address in a manner that makes such records readily available for review, for 2 of 3 sampled residents, Resident #2 and Resident #3.

The findings include:

Review of clinical record for Resident #1 revealed incomplete information from Medication Observation Reports (MOR) for 2018, 2018 and 2018. The MOR for was not in the chart.

During an interview with the Executive Director on at 4:39pm, she stated that she could not locate the 2018 MOR for Resident #1. She stated; " I'm not sure why we don't have those. She was here from the 1st to the 12th and never came back. To be honest I don't know where it is."

Review of the clinical record for Resident #3 revealed the MOR for the month of , 2018 was not in the chart.

During an interview with the Executive Director on at 5:14pm she stated; "It's all a mess up there and too many hands are in it. That's why we can't find things." She confirmed Resident # 3's MOR wass missing, the month she left, and Resident #1's MOR was missing, the month that she left.

Class III