

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	

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

0000 - Initial Comments

An unannounced follow up to CCR# 2018007921, 2018007640, 2018010271, 2018009444, and 2018006109 was conducted on at Savannah Court of Orange City (License #9243) in conjunction with CCR# 2018010853. The facility had licensure deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, record review, and staff interview, the facility failed to assist with medication self administration for Resident #1, 1 of 1 sampled residents.

The findings include:

On at 12:20 PM, Employee D, a Medication Technician (an unlicensed staff person) was observed assisting with medication self administration for Resident #1. Employee D removed two medication cards, and and placed them in a medication cup. Employee D brought the medication cup down the hall and into the resident's room. She handed the resident the medication and the resident swallowed them. Employee D did not read the medication label in front of the resident and did not tell him what she was giving him.

There a Health Assessment for Resident #1, which was not dated, but identified by Director of Operations as being his most recent assessment. It revealed additional diagnoses of , smoker, failure and . He needed assistance to the bedside commode and was weak. He also needed person assist with ambulation, bathing, , self care, toileting and transferring. It revealed he was bedridden and posed a danger to self or others (high risk for). The two questions for requiring 24 hour nursing or , care and can this individual's needs be met in an assisted living facility was left blank. The resident needs assistance with self-administration of medications.

On at 12:25 PM, Employee D stated she knows she should bring the medication cards in the resident room and read the label. She did it this morning but was too busy to do it now.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on observation, record review, and staff interview, the facility failed to properly store and secure centrally-stored medications for Residents #1 and #8. The findings include: 1. On [redacted] at 12:20 PM, Employee D, a Medication Technician accompanied the surveyor to [redacted] (occupied by Resident #1). On the resident's kitchen counter was a box of [redacted] treatments, an unlabelled cup of pills (which looked like [redacted]), and a bag of Biscodyl suppositories. The Biscodyl suppositories had a discard date of [redacted]. There was also a broken [redacted] Inhaler on the resident's bedside table. Employee D, the Medication Technician was present and confirmed the medications were not stored properly. She stated that hospice takes care of the [redacted] treatments. She stated the resident used to be able to self-administer his medications but not anymore, since returning [redacted] from the hospital about 2 weeks ago. 2. On [redacted] at 2:50 PM, while walking down the main hallway of the building, the medication room door was open, with no staff inside, and there were a stack of medication cards observed on the counter (photographic evidence obtained). A resident was observed nearby getting a cup of coffee and had access to this room. The Executive Director's (ED) was told of the unsecured medications, and she went to the medication room and confirmed there was no staff nearby and the room had unsecured medications in it. On [redacted] at 3:49 PM, the medication room was again observed to be open. No staff wmembers were seen in the area. There was a refrigerator in this room and it was unlocked. Inside the refrigerator, there was [redacted] medication belonging to Resident #8, as well as several food items (photographic evidence obtained). On [redacted] at 3:50 PM, the Director of Operations was shown the unlocked refrigerator with medications in it. She stated medications and food should not be stored in the same refrigerator and it should be locked. On [redacted] at 3:55 PM, Employee B, a Medication Technician was interviewed. She was unaware if the refrigerator had a lock to it. On [redacted] at 4:00 PM, Employee C, a Medication Technician was interviewed. She stated she was unaware if there was key to the lock on the refrigerator. Class III		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation, resident, family and staff interviews, the facility failed to ensure a clean and safe environment, affecting all residents of the facility. This was previously cited on The findings include: A tour of the facility was conducted on 11/28/2018 at 9:15 AM with the Executive Director (ED). had a small spot on the floor, occupied by Resident #5. There was a cat on her bed. The room temperature was very warm and there was a strong odor in the room. (occupied by Resident #12) was observed to have several stains on the carpet. On at 9:20 AM, Resident #6 was interviewed. She was observed unpacking boxes. She had a small dog in her room. She stated she just moved in. She stated her carpet was not new, but it was o.k. She had concerns with the linoleum in her kitchen and bathroom.. It had black stains all along them and she did not like it. On at 9:25 AM, was occupied by Resident #1 who was lying in bed sleeping with side rails up on his bed, receiving The carpet was soiled with debris and two large black stains were seen. The room was also in disarray (items scattered throughout floor- clothing, shoes, medical equipment, and trash). The ED stated that the resident was receiving hospice services and needed a lot of help with care. The family (Nephew) did not want his carpet replaced. Resident #2 was interviewed on at 9:30 AM. He had a small dog in his room with him. There was a pungent odor in the room. The Resident complained that his toilet gets clogged times a week. He stated that his air conditioner was not working right. He changed it to heat last night and he woke up On at 9:32 AM, the laundry room was observed to have washers and dryers along the wall. Behind them were big balls of lint. The ED stated that the lint was cleaned on a monthly basis. There was a gap between the machines and wall. The ED stated that the dryers were not working properly because the vents were too compressed so she had to pull them away from the wall. There was also a film of lint/dust noted all along the top of the washers/dryers in the The Maintenance Director was interviewed on at 10:13 AM. He stated he worked here full time previously, left for about 6 months, and returned part time about a weeks ago. He works 8:30 AM-12:30 PM Monday-Friday. He stated he tries to clean the carpets but the stains come right up.		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
He stated he sometimes cannot get his workload done every day but he is semi-retired and does not want to work full time. He stated he believed the Administrator has requested all carpets in the facility to be replaced. On at 10:38 AM, the Housekeeper was interviewed. She stated she only works part time, 4 hours a day, Monday through Friday. She stated she worked here about a month, and the position was vacant before she started working. She was the only housekeeper now. Her duties were to clean the public bathrooms and vacuum the hallways, and then she cleans a certain number of rooms a day, and common areas. For today, she was scheduled to clean 6 resident rooms (including kitchen and bathroom) as well as the activity rooms. She was also requested to clean 3 additional rooms today. She usually cleans resident rooms about once a week. She was told that whatever she cannot get to, the Medication Technicians were supposed to do (including on the weekends when there was no housekeeper). She stated that there are days when she cannot get her work done, especially on Mondays. She stated one Monday she came in and there was feces smeared all along the hallway. It happened over the weekend and no one cleaned it up. Staff told her that Resident #1 did it. She also stated that some rooms have to be cleaned almost daily due to residents needing/requesting services, some of them with animals and litter boxes. She also stated that the Medication Technicians do not have access to her cleaning supply closet. The Director of Operations was interviewed on at 11:15 AM. She stated yesterday was her first day responsible for this facility. She has 5 other facilities. She stated this facility was only budgeted for a part time Maintenance and part time Housekeeping person. The Universal Workers (Medication Technicians) were responsible for the environmental concerns when the housekeepers were not working. As far as pets in the facility, the Residents are responsible for their care, not the staff. Laundry was done by the Universal Workers. In addition to assisting with medications and assisting with activities of daily living (as needed) the two medication technicians were responsible for laundry, taking out trash, and keeping the common areas clean. She stated as stains appear on the carpeting, the Maintenance Director will rent a machine from the store and do spot cleaning and then quarterly they hire a company to professional clean the carpets (but not on a schedule- they come when requested). She stated that flooring is a capital expense and as new residents move in, they will have new flooring. The Director of Operations was asked for documentation of any request for capital improvements. She presented a written list of three rooms dated . She confirmed she just wrote it this morning. She could not demonstrate requests from previous months. An interview was conducted with the Nephew of Resident #1 on at 11:49 AM. He stated the black stains on his Uncle's carpet was due to a fire in his room about a year ago. The facility told him it had to do with a of some sort of machinery. The previous Administrator told him that the		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
carpet did not need to be replaced after that. He never told the facility he did not want the carpet replaced. The Nephew stated that he has noticed other stains in the carpet in his room as well as other areas of the facility. He does not know the facility's cleaning schedule. He stated that his Uncle does need a lot more care now since he is bedridden. On [redacted] at 12:05 PM, an interview was conducted with Resident #1. He was lying in bed, two half side rails up, and had [redacted] flowing through a [redacted]. The [redacted] tubing was lying all across the floor. He also had a large red color stain on his comforter. The resident stated he was drinking cranberry juice but was unsure if he spilled it on himself. He also had a [redacted] and the tubing and bag was touching the floor. There was also a tennis shoe upside down under the [redacted] of his bedside table. There was also clothing on the ground beside his bed. There was a plastic knife on the ground. His bedroom floor had two large black stains in the carpet and debris all over it. There were also numerous stains both white and brown. The Resident did not know where all the stains came from on his carpet. His recliner was also flaking on the arms. There was a closed bag of trash on the floor next to his trash can. In the bathroom of Resident #1 on [redacted] at 12:10 PM, the toilet seat was up, dried yellow debris observed along the edge of the toilet seat as well on the ring of base of the toilet. There was also black (brown) [redacted] - like substance on the ring of the toilet as well. On top of the toilet tank was tubing (not in a bag). On the floor next to the toilet there were black stains. A [redacted], hat was sitting on the floor as well. The wall plate in bathroom (emergency call bell) had brown debris on it. On [redacted] at 12:20 PM, Employee D, a Medication Technician accompanied the surveyor [redacted] to the [redacted] (Resident #1). She confirmed the debris on the resident's floor and in the bathroom. She stated she would not want her loved one to live in this kind of condition, and the housekeeper was responsible for cleaning this. The Director of Operations was interviewed on [redacted] at 1:25 PM. She called the previous Director who told her that the black spots on the carpet was not an actual fire but the carpet was smoldering from an unknown source. She confirmed the resident did smoke but smoked outside. She could not produce any documentation of this event. As a precaution, they took the resident's cigarettes and lighter away from him. The Resident was told he had to go outside to smoke. Recently he has been unable to go outside by himself and his friends would take him. The incident with the carpeting happened at least 5 months ago. On [redacted] at 2:15 PM, [redacted] (occupied by Resident #7) was toured. There were numerous stains on the floor. The room had a [redacted]-like smell. There was a white [redacted] on the resident's bed which		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
had yellow staining on it. The ED was present and stated that the resident frequently refused to use the bathroom and pees in bed and on floor. In the resident's bathroom, the toilet seat had small black debris on it. On the bathroom floor, the grout was discolored and black between the toilet and sink (in contrast to the white grout in rest of the bathroom). The bathroom also had a ...-like smell and the smell was stronger in the shower area where the resident's clothes basket was placed and linen was observed in it. More observations were made of the hallways and common areas from ... at 4:30 PM to 4:40 PM. There were carpet stains outside of ... , 33, 21, 19, 18, 6 (sampled resident #2) , 11 (sampled resident #11), 4 (sampled resident #10) , and the library. Also in the television room the couch arms were torn and the cushion ... were coming loose. On ... at 3:49 PM, the medication refrigerator was observed to be unlocked and there were undated food items inside of it. One was in a bowl covered with paper towel and the other in the door shelf. There was also ... belonging to Resident #8. There was dirt on the door of the refrigerator as well as the bottom of it. In addition, there were many hairs and dried brown liquid on the bottom of the refrigerator. On ... at 3:50 PM, the Director of Operations stated medications should not be stored with food and she confirmed the refrigerator was dirty. She was not aware if there was any cleaning schedule for this refrigerator (none was produced). Employee B on ... at 3:55 PM, a Medication Technician stated she was not aware of any cleaning schedule for the refrigerator. She has been here since ... and did not know who was responsible for cleaning it. She stated housekeeping probably does it. The Director of Operations was present and stated that the housekeeper was not allowed to have access to the medications and would not be responsible for cleaning it. Employee C on ... at 4:00 PM, another Medication Technician stated she has worked here since ... She stated there was no lock to the refrigerator door and did not know who was to clean it. Photographic evidence was obtained for all environmental observations in this deficiency. Class III Z821 - Reporting Requirements; Electronic Submission - 59A-35.110 FAC		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964702	(X3) DATE SURVEY COMPLETED R 11/28/2018
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF ORANGE CITY	STREET ADDRESS, CITY, STATE, ZIP CODE 202 STRAWBERRY OAKS DRIVE ORANGE CITY, FL 32763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
Based on staff interview and record review, the facility failed to notify the Agency for Health Care Administration (AHCA) within 21 days of its change of Administrator. The findings include: On at 3:00 PM, the Executive Director stated she was not the Administrator on file. She has not taken her core training yet. She stated she has been here approximately 2 months. She stated the previous Administrator left abruptly and she did not know who was actually named as the current one. She was asked when was AHCA notified of the Administrator change. She did not know. On at 3:10 PM, the Director of Operations stated that the Administrator on file was changed in She produced a copy of the form naming another Administrator as of as the Administrator of this facility. There was no documentation that it was sent to AHCA. The Director of Operations stated she requested this from the previous Director but has not heard anything yet. The Florida Health Finder website still had the former Administrator listed as of the survey date on Unclassified		