STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**12/03/2018**
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 # 2018015042 was conducted on . . . . . Savannah Court of Saint Cloud 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 interview and record review the facility failed to ensure that an licensed hospice, in consultation with the facility, developed and implemented an interdisciplinary care plan that specified the services being provided by hospice and those being provided by the facility and that documentation of the requirements of this paragraph was maintained in the resident's file for 1 of 3 sampled residents (#1).

Findings:

During the entrance interview on at 9:15 AM resident #1 was identified by the administrator as being under the care of hospice. Order dated indicated hospice consult. There was no evidence that an interdisciplinary care plan was developed.

In an interview on at 3 PM with the administrator who said the interdisciplinary care plan was not available.

Class III

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

Based on interviews and records review the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, and did not contact the resident's appropriate party when the resident exhibited a significant change and was for 2 of 3 sampled residents (#1 and #3).

Findings:

During the entrance interview on . . . . . at 9:15 AM resident #1 was identified by the administrator as being under the care of hospice.

Resident record review for resident #1 revealed a hospital discharge summary dated indicated

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she was discharged to the facility. Healthcare provider's order dated indicated hospice consult. The continued review revealed no notations that indicated what the resident in the hospital was and what significant changes took place that caused the resident to enroll in hospice care.

Adverse report dated indicated resident # 3 became very agitated and difficult to re-direct. His wife was called. The resident's change in the level of cognition escalated and the police was called for a . The resident was taken to a local hospital with diagnoses of a and transferred to a receiving facility.

In an interview on at 1 PM with the wife of resident #3 who said the resident had an episode of behavior that was unlike him. They called her to tell her about that, but then he continued. The staff called for him to be and did not call her. He went to a local hospital and then Lake Wales.

Resident record review for resident #3 revealed no notations regarding the event of or that the resident's wife was notified about his change in behavior the police coming to .

In an interview on at 2 PM with the administrator who said she was on leave of absence during that time, but she was under the impression the resident's wife had been called but the wife said she was not.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility had no evidence to confirm that their emergency power plan was approved, did not develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source, and did not notify residents/responsible party that the plan was submitted to the county emergency for review and approval.

Findings:

During review of the facility's emergency power plan on at 1 PM the administrator stated that she did not notified residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval. She did not have policies and procedures related to the emergency power plan. She did not know that was a requirement.

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There were no policies and procedures that addressed the care of residents occupying the facility during a declared state of emergency, methods to be used to mitigate the potential for heat related injury: the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; wellness checks by staff to monitor for signs of , and heat injury; and a provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.

A letter .., .. 2018 a letter from the Osceola County emergency management indicated that the EPP was timely submitted and believed the facility would met the however to contact The City of St Cloud Fire Department regarding the fuel storage.

A letter dated .. .. . from an engineering group indicated they were awaiting final approval of the EPP.

Class III

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