STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	**03/04/2019**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COURT OF LAKE WALES**	STREET ADDRESS, CITY, STATE, ZIP CODE **12 EAST GROVE AVENUE** **LAKE WALES, FL 33853**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation (CCR 2018018501 and 2019001502) was conducted at Savannah Court of Lake Wales on . Savannah Court of Lake Wales had deficiencies at the time of the investigation.

(License #9383)

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the facility failed to honor resident rights and maintain residents' personal healthcare records in a required, private manner for one (Resident #4) of two residents sampled.

Findings included:

A medication review was conducted beginning at 12:00 PM on . Staff A was observed reviewing Resident #4's medication observation records (MORs) and medication label. Staff A took the medication from the medication cart, locked the cart, and proceeded to bring the medication to Resident #4 in the dining area. Staff A did not place the MORs in a secured location but instead, left Resident #4's MORs exposed in an open binder, that could easily read by people passing by in the hallway in front of the dining area.

The exposed MORs and violation of resident rights to privacy was discussed with the Administrator and Staff A at 12:04 PM on at the location of the medication cart and open binder of MORs.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to provide proof of training for direct care staff in the subject of resident rights/ recognizing and reporting , neglect, and , (Resident Rights Training) and assistance with the activities of daily living (ADL Training), within 30 days of hire, for one (Staff B) of four employee records sampled.

Findings included:

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of direct care staffing records conducted on showed that Staff B had a date of hire of . The review of Staff B's record showed no proof of Resident Rights Training or ADL Training.

The Administrator was interviewed at 3:30 PM on concerning the lack of proof of Resident Rights Training and ADL Training in Staff B's record. The Administrator reviewed Staff B's record and stated that they did not see the training certificates.

Class III

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

Based on record review and interview, the facility failed to maintain an up-to-date admission and discharge log that included information of where residents were admitted from, dates of discharge, reason for discharge, and place where the resident was discharged to for one (Resident #3) of three records reviewed.

Findings included:

A request was made of the Administrator on shortly after entering the facility at 10:00 AM to review Resident #3's record. The Administrator stated that Resident #3 was discharged from the facility on to a skilled nursing facility.

A review of the facility's admission and discharge log conducted on showed that there was no documentation concerning where Resident#3 was admitted from, the date of their discharge from the facility, the reason for the discharge, or the place that they were discharged to (photographic evidence obtained).

The omissions in the admission and discharge log concerning Resident #3 were discussed with the Administrator in an interview at 4:31 PM on .

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, the facility failed to provide proof of eligibility to work in an assisted living facility (ALF) for staff that provided personal care to residents of the ALF, based on an eligibility status of a level 2 background screening for one (Staff C) of four employee records reviewed.

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

Findings included:

A review of Staff C's employee record showed a date of hire of . A review of Staff C's record showed no proof of a current level 2 background screening that showed eligibility to work in an ALF.

The Administrator was interviewed at 3:45 PM on concerning the lack of proof of a level 2 background screening for Staff C. The Administrator reviewed Staff C's record and stated that they did not see a level 2 background screening for Staff C.

Unclassified

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

Based on record review and interview, the facility failed to provide proof of employment eligibility in current Level 2 background screenings, updated every five years, for one(Resident Care Coordinator) of four employee records sampled.

Findings included:

A review of the Resident Care Coordinator's employee record showed that they were hired on . The most recent Level 2 background screening that showed eligibility to work in an assisted living facility was dated . There was no evidence in the Resident Care Coordinator's record of an updated Level 2 background screening that was required every 5 years to continue employment.

The Administrator was interviewed at 3:41 PM on concerning the lack of a required, updated Level 2 background screening in the Resident Care Coordinator's record. The Administrator reviewed the Resident Care Coordinator's record and acknowledged that the last background screening was dated .

Unclassified