STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	**03/11/2019**
NAME OF PROVIDER OR SUPPLIER **SAVANNAH COTTAGE OF LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **605 CARPENTERS WAY** **LAKELAND, FL 33809**	

SUMMARY STATEMENT OF DEFICIENCIES
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0000 - Initial Comments

Assisted Living Facility

On , a biennial re-licensure survey in conjunction with a complaint survey (CCR 2019000380 and 2019000738) was conducted at Savannah Cottage of Lakeland. Deficient practice was identified during the surveys.

(License #9883)

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the Facility failed to ensure three or three sampled residents met admissions criteria for assisted living facilities (ALF) for three Residents (#8, #12, and #22).

Findings Included:

During an observation of the medication (med) pass of Staff A with Resident #12, conducted on at 11:10am, Staff A, an unlicensed staff, assisted Resident #12 with the resident's prescribed med , - , 25-100mg.

A record review for Resident #6, conducted on , revealed that Resident #6's Health Assessment Form dated stated that the resident required med administration. There were no care and services offered or arranged by the Facility to meet Resident #6's need of med administration documented in the resident's record.

A record review for Resident #8, conducted on , revealed that Resident #8's undated Health Assessment Form stated that the resident require med administration. There were no care and services offered or arranged by the Facility to meet Resident #8's need of med administration documented in the resident's record.

A record review for Resident #12, conducted on , revealed that Resident #12's most recent Health Assessment Form dated stated that the resident needed 24-hour nursing care and require med administration. .

A record review for Resident #22, conducted on , revealed that Resident #22's most recent Health Assessment Form dated stated that the resident needed frequent observation of

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well-being and:
- Had multiple , to the , left , and left fold;
- A communicable of in the ;
- Required 24-hour nursing care; and,
- Required med administration.

There were no care and services offered or arranged by the Facility to meet Resident #22's need of med administration and , care.

An employee record review, conducted on , revealed that Staff A was employed at the Facility as a Medication Technician and had no nursing license to administer meds.

During an interview with the Administrator, conducted on at 05:53pm, the Administrator acknowledged and confirmed that Residents #8, #12, and #22 did not meet admissions criteria for an ALF upon their admission in to the Facility. The Administrator stated that the Facility "only employs [Medication Technicians] for assistance with self-administration of meds [and] has no nurses to administer meds".

Class III

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

Based on record review and interview, the Facility failed to obtain complete Health Assessment Forms (HAF) with all required data which included the date of examinations and the type of assistance for medication administration for four Residents (#2, #6, #18, and, #23) of four sampled residents within 30-days after admission to the Facility.

Finding Included:

A record review for Resident #2, conducted on , revealed that Resident #2's HAF had no date of the examination as required. Resident #2 was admitted in to the Facility on .

A record review for Resident #6, conducted on , revealed that Resident #6's HAF dated had no date of the examination as required. Resident #2 was admitted in to the Facility on .

A record review for Resident #18, conducted on , revealed that Resident #18's HAF dated

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did not include the type of assistance Resident #18 required with medication administration as required. Resident #18 was admitted in to the Facility on .

A record review for Former Resident #23, conducted on , revealed that Resident #23's HAF dated , did not include the type of assistance that Resident #23 required for medication administration as required. Resident #23 was admitted in to the Facility on ; and, discharged from the Facility on .

During an interview with the Administrator, conducted on at 05:53pm, the Administrator acknowledged and confirmed that Residents #2 and #6's HAFs had no dated of the residents' examinations. The Administrator acknowledged and confirmed that Residents #18 and 23's HAFs had no type of assistance that the residents required for medication administration.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, record review, and interview, the Facility failed to remove medications from the original container/bubble package in front of one Resident (#12) and failed to follow control standards while assisting with medications (meds) for two Residents (#12 and #13) of two sampled residents.

Findings Included:

During an observation of Staff A with Resident #13, conducted on at 11:05am, Staff A assisted Resident #13 with the resident's prescribed 100mg med and did not wash or sanitize the staff's before or after assisting the resident with the med.

During an observation of Staff A with Resident #12, conducted on at 11:10am, Staff A took the entire med cart in to Resident #12's room brushing the med cart up against the resident's bed/bed linens. Resident #12 was sitting on the bed facing away from Staff A. Staff A popped Resident #12's 25-100mg tablet into a soufflé cup at the med cart, walked around the med cart and bed to the resident and stated, "this is your , " and handed the med to the resident. Staff A wheeled the med cart out of Resident #12's room and came to a stop with Resident #15 and began to assist this resident. Staff A never washed or sanitized the staff's .

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A review of a Residency Contract, conducted on . . . . . , the Residency Contract stated that, "assistance with Self-Administration of Medication [was] defined as: taking the med in its previously dispensed, properly labeled container [and] bringing it to the resident [and] in the presence of the resident reading the label".

During an interview with the Administrator, conducted on . . . . . at 11:45am, the Surveyor requested the Facility's medication, control policy and procedure. The Administrator stated the Medication Technicians "should never take med carts in to resident room". At 03:30, re-requested the Facility's medication, control policy and procedure. At 05:53pm, no policy and procedure provided for . . . . control practices during med pass was provided.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 2 of 3 (B, C) employees whose records were reviewed included written documentation from a health care provider stating they are free of communicable and evidence of a negative examination within 30 days of hire.

Findings included:

During a record review conducted on for Staff B with a hire date of and Staff C with a hire date . . . . . it was revealed that the records did not include written documentation from a health care provider stating they are free of communicable . . . or evidence of a negative . . . examination within 30 days of hire.

During an interview on . . . . . at 2:30pm the administrator reviewed the files and stated that she could not locate the document.

Class III

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

Based on record review and interview, the facility failed to ensure three (Staff A,Staff B, Staff C) of three sampled staff received in-service training within 30 days of employment, for safe food handling, reporting major incidents, and evacuation and emergency procedures.

Findings included:

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Employee record review conducted on revealed the following:

Staff A with hire date did not have documentation of safe food handling,

Staff B with hire date did not have documentation of a 1 hour traing for safe food handling.

Staff C with hire date did not have documentation of Emergency Preparedness, Evacuation Training, Incident Reporting training or Nutritional and Safe Food Handling.

The administrator stated on at 2:30pm that she did not see the training in the employee's charts.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure one (Staff C) of three sampled direct care staff received training pertaining to / (/) within thirty days of hire.

Findings included:

During a record review on , it was revealed that Staff C with a hire date of had not received training in / .

During interview with the administrator on that same date at 3:00pm, she stated she thought everyone had received the training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on observation and record review, the facility failed to ensure that 1 of 3 (Staff A) who provides assistance with self-administration of medications has completed the required initial 4-hour or 6-hourtraining on providing assistance with self-administration of medications and safe medication practices in an Assisted Living Facility.

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Findings included:

A review of employee files was conducted on at 10:30 am. The record review revealed Staff A was hired as a Resident Aide/Med Tech on and is not a licensed nurse. Staff A's file contained a training certificate with a 2 hour update on assistance with self-administration of medication but did not have documentation she had received a 4 hour training or the new 6 hour training now required. The administrator stated that she on at 3;00PM.that she could not not find training documentation.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility did not provide at least one hour of training on the facility's policies and procedures regarding ( ) within 30 days after employment for 2 (staff#B and #C) of 3 direct care staff sampled for training .

Findings include:

During employee record review on of staff B hired and staff C hired it was revealed that they did not receive training in the facility's policies and procedures regarding within 30 days after employment.

The administrator reviewed the personnel files on at 2:20pm and stated there was no documentation of training for staff B and C.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on record review and interview, the facility failed to provide proof of a regular, dated menu approved by a registered dietitian; failed to provide a menu that included serving sizes, and failed to maintain documentation for six months of menu substitutions (Substitution Log).

Findings included:

A dining and food service review conducted was on . A request was made of the Administrator to provide their registered dietitian approved menu with serving sizes, a six -month file of dated menus,

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and their Substitution Log.

The Food Service Coordinator was interviewed at 11:41 AM on [redacted] and they stated that the facility did not have dated menus.

A review of the menus provided by the Administrator showed that they were not signed by a registered or licensed dietitian or a licensed nutritionist. The menus provided did not contain serving sizes. The Substitution Log only showed substitutions made on [redacted] and in [redacted].

An interview was conducted with the Administrator on [redacted] at 5:53 PM and the issues concerning the lack of a menu signed by a required dietary professional, the lack of menus with serving sizes, the lack of a six -month file of dated menus, and the Substitution Log that did not include the required documentation were discussed. The administrator acknowledged the findings.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on attempted record review and interview, the facility failed to provide proof that their emergency environmental control plan (EECP) was implemented, failed to develop written policy and procedures to ensure that the facility can effectively and immediately operate and maintain the alternate power source and any fuel required (Written Policies and Procedures), and failed to notify each resident and resident representative in writing of implementation of their plan.

Findings included:

A review of the facility's EECP was conducted with the Administrator on [redacted] at 3:15 PM. The Administrator stated that they were not sure if the EECP was implemented and provided no documentation that it was implemented. The facility provided no proof that residents or resident representatives were notified in writing of implementation of their EECP. The Administrator also stated that there was no fuel maintained on the premises to operate the alternate power source in the event of an emergency.

The Administrator was asked to show their Written Policy and Procedures. The Administrator reviewed the file for their EECP and stated that they did not see Written Policy and Procedures.

Class III

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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 ensure four (Administrator, Staff A, B, C) direct care staff whose records were reviewed, included an Attestation of Compliance with background screening requirements form.

Findings included:

A review of staff records during survey on . . . . revealed the followign staff records did not include a signed Attestation of Compliance with the background screening form: Administrator and Staff A, B and C.

During an interview with the Administrator on . . . . at 2:30 PM, she stated that she and the three staff did not have an attestation of complaince in their file

Unclassified