STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	R 05/03/2019
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
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living

A Revisit to 03/11/19 Biennial Survey, a Complaint Investigation (Complaint Number: 2019004855), and a Revisit to 03/11/19 Complaint Investigation (Complaint Numbers: 2019000768 and 2019000380) were conducted at Savannah Cottages of Lakeland Assisted Living Facility on 05/03/19. Deficiencies were identified at the time of survey.

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

Based on observation and interview, the Facility failed to ensure proper assistance with self-administration of medications according to the required steps in 429.256 Florida Statutes for four Residents (#1, #7, #8, and #9) of four-sampled resident that required assistance with medications.

Findings Included:

During an observation of the medication pass with Staff A for Resident #1, conducted on at 09:52am, Staff A popped Resident #1's pills out of the pill packets in to a plastic medication cup with applesauce in it while standing at the medication cart. Staff A documented Resident #1's medications as given to the resident on the resident's Medication Observation Records before offering Resident #1 the medications. Staff A walked across the dining room to where Resident #1 was sitting in a wheelchair, placed the spoon in the applesauce medication mixture and scooped the medications on to the spoon, and placed the contents in Resident #1's . Staff A did not bring Resident #1's medication pill packs to the resident and did not read the medication labels to the resident. Staff A's nametag stated that the staff was a "Med Tech" (Medication Technician).

During an observation of the medication pass with Staff A for Resident #7, conducted on at 09:57am, Staff A documented Resident #7's medications as given to the resident on the resident's Medication Observation Records before offering Resident #7 the medications.

During an observation of the medication pass with Staff A for Resident #8, conducted on at 10:06am, Staff A documented Resident #8's medications as given to the resident on the resident's Medication Observation Records before offering Resident #8 the medications. Staff A gave Resident #8 the resident's medications late as it was outside of the one-hour timeframe for giving the resident the 09:00am scheduled medications. Resident #8's medication that the resident received late were the resident prescribed , and , both due for Resident #8 at 09:00am.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965383	R 05/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COTTAGE OF LAKELAND	**605 CARPENTERS WAY LAKELAND, FL 33809**

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

During an observation of the medication pass with Staff A for Resident #9, conducted on [redacted] at 10:02am, Staff A documented Resident #9's medications as given to the resident on the resident's Medication Observation Records before offering Resident #9 the medications.

During an interview with Staff A, conducted on [redacted] at 10:15am, Staff A stated that "if [Resident #1] won't take them (referring to the resident's medications), then I do (referring to administering the medications)".

During an interview with the Regional Director, conducted on [redacted] at 11:40pm, the Regional Director agreed that Staff did not follow proper assistance with self-administration of meds after Surveyor described the medication observation to the Regional Director.

Class III