STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964849	**06/03/2019**
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

A complaint investigation (complaint number 2019006888) was conducted, in conjunction with a revisit survey, at Savannah Court of Lake Wales on . The facility had deficiencies at the time of the survey.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility failed to ensure that medication observation records (MORs) were updated immediately after medications were offered, or administered, for 4 of 4 residents who received assistance with medication self-administration, whose records were reviewed (Residents #4, #5, #6 and #7).

Findings Included:

A review of Resident #4's MOR for the month of , 2019, was conducted at 1:00pm on . The record revealed that Resident #4 required assistance with medication self-administration. The resident's record had blank spaces where documentation should have occurred for several morning medications. Resident #4's record showed that at 8:00am, on , the resident was scheduled to receive the medications Demazopril , Caltrate +D, Centrum Silver, cranberry supplement, Eloquis, , , and . The spaces for documenting that those medications were offered, or administrated, were blank (i.e. holes). There were also holes in the resident's MOR for the medications and for the 8:00am doses scheduled on .

A review of Resident #5's MOR for the month of , 2019, was conducted at 1:00pm on . The record revealed that Resident #5 required assistance with medication self-administration. The resident's record had blank spaces where documentation should have occurred for several morning medications. Resident #5's record showed that at 8:00am, on and , the resident was scheduled to receive the medications , , Acetamenophen, , , Rosuvastatin , , , , and Mupriocin 2% . The spaces for documenting that those medications were offered, or administrated, were blank (i.e. holes).

A review of Resident #6's MOR for the month of , 2019, was conducted at 1:00pm on . The record revealed that Resident #6 required assistance with medication self-administration. The resident's record had blank spaces where documentation should have occurred for several morning medications. Resident #6's record showed that at 8:00am, on , the resident was scheduled to receive the

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medications , Ipratopium spray, , ProAir inhaler, , , inhaler, and . The 8:00am dose of was also undocumented on . The spaces for documenting that those medications were offered, or administrated, were blank (i.e. holes).

A review of Resident #7's MOR for the month of , 2019, was conducted at 1:00pm on . The record revealed that Resident #7 required assistance with medication self-administration. The resident's record had a blank space where documentation should have occurred for one morning medication, inhaler, that was due at 8:00am on .

In an interview with the Interim Administrator at 3:15pm on , the Interim Administrator stated the facility employed medication technicians to assist residents with their medications and thought that they all had the training to do so. The Interim Administrator could not explain why there were so many holes in the MORs, leaving questions of whether the medications had been offered or administrated, refused or what.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that there was at least 1 staff person in the facility, at all times, who had completed courses in First Aid and , ( ) and who held a currently valid documentation of the completion of such courses.

Findings Included:

During a record review on , 4 staff records were reviewed for evidence of and First Aid training. The records review included training records for Interim Administrator, Staff A, Staff B and Staff C.

There was no evidence that any of the 4 employees had any current First Aid training. The Interim Administrator and Staff A did not have a First Aid training documentation, and Staff B and Staff C had First Aid training documentation that expired in , . The Interim Administrator did not have a training documentation. Staff A had training documentation that expired in , and both Staff B and Staff C had training documentation that expired in , .

In an interview with the Interim Administrator a 2:15pm on , the Interim Administrator stated that

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the facility was not able to provide evidence that any staff members had any current training First Aid training. The facility did not employ any nurses or emergency technicians. The facility was only able to provide evidence that 1 staff member had current training and that was the Activities Coordinator who worked during the day. They did not have anyone on the evening and nights shifts, and probably not on weekends, who had current training.

Class III