STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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 Relicensure survey was conducted on . Savannah Court of St. Cloud 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 residents continued to meet residency requirements following a significant change (hospitalization) for 1 sampled resident (#3), and failed to ensure a licensed hospice, in consultation with the facility, developed, completed 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 was maintained for 1 sampled resident (#5).

Findings:

1. Resident #3's record revealed he was admitted on . His most recent health assessment (1823 form), dated , was completed on an outdated version of the assessment form (date 2010). The assessment was completed following a hospitalization and documented diagnoses including , early 's , and . The 1823 form also documented the resident required 24-hour nursing or care, which exceeds the residency criteria for an assisted living facility. The 1823 form did not indicate what, if any, type of assistance the resident required with medications. This section was blank. There was no indication if the resident was an elopement risk.

On at 3:15PM, the executive director confirmed the findings.

2. During the entrance conference on at 9:15 AM, resident #5 was identified as receiving hospice care. The resident's record revealed a healthcare provider's order, dated , that indicated "hospice evaluation". A hospice admission note was dated . There was no evidence that hospice, in consultation with the facility, developed, completed and implemented an interdisciplinary care plan that specified the services being provided by hospice and those being provided by the facility.

The 1823 form, dated , indicated resident needed #5 required total care with all her activities of daily living, including ambulation and transfers.

On at 4 PM, the administrator confirmed that a hospice interdisciplinary plan was not available.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

Class III

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

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of 2 of 3 sampled residents, and did not follow medication orders for 2 sampled residents (#3 & 5).

Findings:

1. A facility note, dated , indicated resident #5 was screaming, and hospice was called. She was . On , the physician ordered 17 grams as directed every day. On , the physican ordered , 0.5 milligrams (mg.) every 12 hours around the clock.

The Medication Observation Record (MOR) listed:
17 grams as directed every day. It was not signed as given to .
, 0.5 mg. every 12 hours around the clock was not signed as given on , , , and at 8 PM.

On at 2 PM, the nursing supervisor checked resident #5's medications and said was available but was not given, and , "looks like she did not get it either".

2. Resident #3's record revealed he was admitted on . His most recent health assessment was dated , and listed diagnoses including , early 's , and .

The MOR for resident #3 revealed an entry for 20 mg. every Monday, Wednesday and Friday. On , was signed as given on Friday and Monday . No other dates were documented for the medication being given. The reverse side of the MOR did not indicate any reasons for the medication not to be given on , , , and .

The MOR revealed an entry for Clotrinazole .05% cream to the left lower and twice a day for 2 weeks." On , there were no entries that the cream had been applied on any date in . There was no record noted for the start and stop dates for the cream. Review of the written order, dated , revealed an order for Lotrisone 0.05%/1% cream for 4 weeks. Observation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

of the medication tube revealed the prescription was filled on and indicated to use for 2 weeks. There were no notes in the resident's record that the order was clarified with the provider.

On at 3:15 PM, the nursing director confirmed the findings.

Class III

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

Based on record review and interview, the facility failed to develop prevention policies and procedure in which to train staff and keep residents free from , and failed to develop control policies in which to train staff to prevent the spread of and maintain the resident's optimum health.

Findings:

On at 4 PM, the administrator said prevention policies and control policies were not available.

Class III

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

Based on observations and interview, the facility failed to ensure 1 unlicensed caregiver who assisted 2 residents with self-administration of medications followed the correct procedure (A).

Findings:

1. Observations on at 9 AM noted unlicensed caregiver A, washed her , took medications out of the secure cabinet, checked the Medication Observation Record (MOR), reviewed the medications, took 1 pill and put it in a cup, signed the MOR, and continued to this for all 6 pills, then crushed the medications and put them in apple sauce. She went to resident, told her this is your medications. The resident refused the medications. She did not read the label out loud to the resident, and had signed the MOR before the resident either took or refused the medications.

2. Observations of the medication pass at 9:10 AM noted that unlicensed caregiver A assisted resident #6 with self-administration of medications. She washed her , took medications out of the secure cabinet, checked the MOR, reviewed the medications, took 3 pill, put them into a cup, signed the MOR,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF ST CLOUD	3791 OLD CANOE CREEK RD SAINT CLOUD, FL 34769

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

took the medications to the resident, and observed the resident take the medications.

On at 1 PM, the nursing supervisor was told of the observations and offered no comment.

Class III

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

Based on personnel record review and interview the facility failed to ensure staff were assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to use judgment as to whether a resident needed medication, and failed to obtain a statement from a licensed health care provider for 2 of 5 sampled staff documenting freedom from communicable and (C & E).

Findings:

1. During an interview with staff on at 12:30 PM, a resident was overheard yelling. She said resident #5 needed her , since she did not take it in the morning, she was getting agitated. After the interview, staff A said she was going to give resident #5 her because of the agitation.

On at 12:45 PM, resident #5 sat in a wheelchair in her room with her husband next to her. The resident yelled out. She was , and her words/yelling did not make sense. She held her husband's . Staff A took a bubble pack with a prescription label dated that indicated 0.5 milligrams (mg.) one every 6 hours as needed for , and agitation. She took one pill, put it in a cup, crushed it, put it in apple sauce, signed the Medication Observation Record (MOR), brought the medication to the resident, and fed it to her.

Resident #5's record revealed she was under hospice care since . The health assessment report 1823 dated indicated she needed administration of medication (by licensed nurse). The MOR listed 0.5 mg. one every 6 hours as needed for , and agitation, and was marked as given on and by the unlicensed staff.

Personnel record review for staff A revealed she was not a licensed nurse, therefore not trained to make a judgement call as to whether the resident was agitated or and needed , an , medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

2. Personnel record review for caregiver C, hired , revealed a healthcare provider statement dated that indicate freedom from ( ). The review revealed no evidence to confirm the staff obtained freedom from in 2019 (due).

On at 4:45 PM, after reviewing the personnel record the administrator confirmed the findings.

3. Review of the personnel record for staff E, executive director, revealed a hire date of . The record did not reveal a statement from a healthcare provider documenting freedom from communicable and .

On at 5:35PM, the executive director confirmed the finding.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, staff schedule review, personnel record review and interview, the facility failed to ensure at least one staff member who completed courses in First Aid and , , ( ) and held a currently valid card documenting completion of such courses was in the facility at all times, and failed to ensure staffing levels from 11 pm-7 am were adequate to meet the needs of the residents.

Findings:

1. Review of the staff scheduled for revealed 3 staff scheduled from 7 am-3 pm (including one nurse), 2 staff from pm and 1 staff scheduled from 11 pm-7 am. Request to review and First Aid certifications for the staff working on found no one scheduled from pm had current, valid certification in First Aid and .

A card for First Aid and training from an online vendor that expired on , was provided for caregiver B, one of the 2 caregivers scheduled to work with the residents from pm on . No documentation was available for review for staff F, the only other caregiver scheduled to work on from pm. Review of the staff schedule for the previous week revealed staff B and F also were the sole caregivers from pm on , and staff B worked as the sole caregiver working on from 11 pm-7 am.

On at 4:30 PM, the executive director confirmed she did not have proof that staff B or F had

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

current, valid certification of training in First Aid and .

2. Review of the facility census on revealed there were 33 residents in the facility. The staffing requirement for 26-35 residents is 294 staff hours per week. Review of the staff schedule for the week of , 2019 revealed staffing for 320 hours, which met the requirement. One caregiver is scheduled each evening from 11 pm-7am.

Observations revealed that approximately 50% of the 33 residents use a walker or a wheelchair to ambulate. Observations during a tour of the facility revealed it was set in a large square, with resident rooms in 3 hallways of the square. A staff member in one hallway would be unable to see or hear a resident in another hallway.

On at 1:30 PM, caregiver B who works the pm and 11 pm-7 am shifts, was asked if there was enough staffing on all shifts to meet the needs of the residents, and stated "not right now." She confirmed there were a significant number of residents who required assistance to transfer into a wheelchair and to relocate to another area, and many residents who needed supervision while using a walker. She stated she was concerned about getting residents to safety in the event of an emergency, especially during the 11 pm-7 am shift when only one staff member was present.

On at 4:30 PM, the nursing director confirmed a significant number of residents required assistance to transfer and ambulate, and that it would be very difficult, at best, to get residents to safety in an emergency.

Class III

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

Based on observation personnel record review and interview, the facility failed to ensure that 4 of 5 sampled staff had completed the required in-service training courses within 30 days of hire (A, B, C & E).

Findings:

1. Observation and interview on revealed caregiver B provided direct care for the residents.

Review of the personnel record for caregiver B, hired on , did not reveal documentation she had completed the 2 hour pre-service orientation, and the control training as required prior to providing care to residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

2. Observation on at 10:05 AM found executive director E provided toileting assistance to resident #3.

Review of the personnel record for executive director E revealed a hire date of . The record did not reveal that executive director E completed the control, Activities of Daily Living, the facility's policies and procedures regarding elopement, the facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation, and the facility's policies and procedures regarding recognizing and reporting resident , neglect, and , .

On at 5:35 PM, the executive director confirmed the findings.

3. Personnel record review for caregiver A, hired , revealed a certificate dated that reflected a 2-hour pre-service orientation. The certificate did not indicate that the pre-service covered the facility's license type and services offered by the facility. There was no evidence she attended the assisted living CORE training, and therefore was exempt from this requirement.

4. Personnel record review for caregiver B, hired , revealed a certificate dated that reflected a 2-hour pre-service orientation. The certificate did not indicate that the pre-service covered the facility's license type and services offered by the facility. There was no evidence she attended assisted living CORE training, and therefore was exempt from this requirement.

On at 4:45 PM, the administrator said the pre-service was conducted by the previous administrator.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff had completed the required in-service training course on / (/) within 30 days of hire (E).

Findings:

Review of the personnel record for executive director E revealed a hire date of . The record did not reveal she received training in / .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

On at 5:35 PM, the executive director confirmed the finding.

Class III

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

Based on staff schedule review, personnel record review and interview, the facility failed to ensure at least one staff member who completed courses in First Aid and ( ) and held a currently valid card documenting completion of such courses, was in the facility at all times.

Findings:

Review of the staff scheduled for revealed 3 staff scheduled from 7 am-3 pm (including one nurse), 2 staff from pm and 1 staff scheduled from 11 pm-7 am. Request to review and First Aid certifications for the staff working on found no one scheduled from pm had current, valid certification in First Aid and .

A card for First Aid and from an online vendor and expired as of , was provided for caregiver B, one of the 2 caregivers scheduled to work with the residents from pm on . No documentation was available for review for caregiver F, the other caregiver scheduled to work on from pm. Review of the staff schedule for the previous week revealed caregivers B and F also were the sole caregivers from pm on and caregiver B was the sole caregiver working on from 11 pm-7 am.

On at 4:30 PM, the executive director confirmed she did not have proof that caregiver B and F had current certification of training in First Aid and .

Class III

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

Based on personnel record review and interview, the facility failed to have evidence that 2 of 4 unlicensed caregivers who provided assistance with self-administration of medications received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (B & C).

Findings:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

1. Caregiver C's personnel record revealed she was hired on . . . . . revealed a certificate dated that indicated 6 hours of initial training on providing assistance with self-administered medications. There was no evidence to confirm she attended a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility (due . . . . .). There was no evidence that she was a licensed nurse, therefore exempt from the requirement.

On at 4:45 PM, the administrator reviewed the personnel record and said the training was not done.

2. On . . . . . at 1:25 PM, caregiver B stated she assisted with resident's medications. The personnel record revealed she was hired on ,and contained a certificate for a 4 hour training in assisting with self-administration of medications, dated . . . . . . There was no evidence she had obtained the required 2 hour annual continuing education in 2018 or 2019, and no evidence she had received the additional 2 hours of training that focuses on the topics listed in 429.52(6), F.S, sub-subparagraphs (6)(b)2.h.-n.

On at 5:35 PM, the executive director confirmed the finding.

Class III

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

Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff completed the required in-service training in the facility's policies and procedures regarding . . . . . (. . .) within 30 days of hire (E).

Findings:

Review of the personnel record for executive director E revealed a hire date of . . . . . The record did not reveal she received training in the facility's policies and procedures regarding .

On . at 5:35PM, the executive director confirmed the finding.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

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

Based on observation, record review and interview, the facility failed to maintain an interval no greater than 14 hours between meals containing protein, failed to maintain a signed a dated menu approved by a licensed dietician, failed to maintain 6 months of menus served to the residents, failed to have snacks available for the residents between meals, failed to maintain the dining room with clean linens on the tables, and failed to maintain a 3-day supply of water in the facility for use in the event of an emergency.

Findings:

Observation during a tour of the facility on revealed a paper menu posted at the entrance to the dining room for the current day's meals. Observations during the tour did not reveal a posting of dining hours, or a place for snacks.

1. On at 11:30 AM, the dietary manager stated the meal times were: breakfast 8 AM, lunch 11:30 AM-12 PM and dinner 4:30-5 PM.

The interval between the end of dinner (a protein containing meal) and the start of breakfast (a protein containing meal) is 15 hours and exceeds the maximum interval requirement of 14 hours.

2. The menu provided for review had a print date of on the bottom. It was not signed by a dietician. The menu had the word "draft" printed diagonally across it over the meals. There was a 4 week rotation of the menu in the facility.

3. On at 12:30 PM, the dietary manager stated she did not have any other menu beside the draft menu she provided for review. She was unaware of a signed menu or who the dietician was for the facility.

When asked to review the menus for the previous 6 months, it was revealed documentation was not maintained.

On at 12:30 PM, the dietary manager stated she was unable to follow the menu, and made changes to nearly every meal, based on what the resident's liked to eat and what she could purchase with the budget provided. There were documented substitutions, but she was unable to provide documentation of the original menus for the previous 6 months.

4. On at 12:30 PM, the dietary manager stated she did not put snacks out for the residents.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

She stated there used to be a small refrigerator where she could put fruit cups or pudding cups for the residents, but some residents took all of them. She stated they no longer put any snacks out.

On at 1:30 PM, caregiver B, who works from PM, stated she was unaware of any snacks available for the residents, and said most of them buy their own and keep them in their rooms.

5. Observations in the dining room prior to lunch found the tables set with dark blue tablecloths and cloth napkins and appropriate utensils and glassware. The tablecloths were wrinkled and had white lint on them. Many were stained. One table in the corner had a large stain on the tablecloth, but the table remained unused for lunch. During the 4:30 PM dinner service, the table was occupied by residents, and the same dirty tablecloth remained on the table.

On during interviews with residents, many stated the dining room is no longer as clean as it used to be and several complained about the tablecloths being dirty and always wrinkled.

(photographic evidence obtained)

On at 5:15 PM, the executove director stated new tablecloths and napkins had been purchsed, but were not yet put into use.

6. The facility had a census of 34 residents on , requiring a supply of 102 gallons of water.

Observation of the emergency food and water supply revealed there was no water in the facility for use in an emergency. On at 12:30 PM, the dietary manager showed the surveyor a box of 10 (ten) empty 5-gallon collapsible water containers in a storage closet. She stated there was no water on at the time. Review of the facility's Comprehensive Emergency Management Plan did not reveal a contract with a vendor that would provide water in an emergency.

On at 6:15 PM, the executive director confirmed the findings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to maintain a clean and comfortable environment for the residents, and did not clean or replace carpets as needed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

Findings:

Observations during a tour of the facility found the carpeting in many locations throughout the facility to be stained or torn.

1. In the hallway outside & 217, there were dark stains.

2. In , the entire carpet was stained and very dirty. On at 10:05 AM, the resident said, "once in a while, someone comes in and tries to clean a little section, but nothing is ever really cleaned."

3. In , the carpet outside the bathroom was observed to be stained and very dirty. On at 1:20 PM, the resident stated he had not complained because he thought he would have to pay for the carpet to be cleaned or replaced.

4. In the dining room, where the carpet met the laminate flooring in the TV room, the carpet was torn.

(photographic evidence obtained)

On at 10:40 AM, the executive director stated the carpets have been cleaned and she was aware of the ongoing issue.

5. On at 9 AM in , the carpet had several dark stains. The resident said he dropped something on the floor and caused the large stain.

Class III

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

Based on interviews and facility records review, the facility failed to ensure it had a working grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C., and failed to maintain documentation of an annual satisfactory fire inspection report.

Findings:

1. On at 9:50 AM, resident #8 said when she had complaints, "I tell the administrator, and nothing gets done."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	06/20/2019
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)

On at 10:15 AM, resident #9 said, "This place is falling apart. They have staff working hours daily. They lost a couple of staff. The housekeeper went on vacation for 2 weeks and was fired. There was no cleaning done. I took out my trash. The administration said they were interviewing for the positions. Had meetings and promised that they would hire more staff. Nothing gets done."

On at 1:30 PM, resident #10 said she met with the new administrator on . She expressed the following concerns:
A water fountain that does not work
The drapes needed to be replaced, they are filthy, ragged
The court yard needs new furniture, it's very old furniture
We had a fire drill and to me, it was a disaster. She made us go out to the side door to walk on the grass. Walkers and wheelchairs cannot go in the grass.
The carpeting is in bad shape.
Staff are fired and not replaced. We must wait to get help.
The food quality has gone down, they cut the budget.
The lighting is bad, and it is hard to see.
The paging system is bad. They have 1 pager for 2 staff.
The housekeeping is bad. There was no housekeeper for 3 weeks. Residents cleaned their own toilet.
The table cloths are wrinkled and stained.

Review of the facility's grievance log revealed the last entry was dated .

On at 4:30 PM, the administrator confirmed the statement of the residents regarding the housekeeper. She confirmed she met with resident #10 but did not maintain written documentation regarding their grievances. She added that new table cloths had been brought.

2. Review of facility records revealed fire inspection report dated which was marked as "Failed". A reinspection, dated , revealed it remained "Failed". There were no reports available for review after the report. The facility was unable to provide a copy of the last fire inspection with a Pass result.

On at 1:30 PM, the Business Office Manager said the fire inspector had visited on but did not leave a report.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on personnel record review and interview, the facility failed to ensure personnel records for each staff member contained, at a minimum, a copy of the employment application, with references furnished and a copy of the job description for 1 of 5 staff reviewed (B)

Findings:

Review of the facility license revealed they are licensed for 36 residents.

Review of the record for caregiver B revealed she was hired on . The record did not contain a copy of her job application and references, and a copy of her job description, as required for all facilities with 17 beds or more.

On at 6 PM, the administrator confirmed the findings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview, the facility failed to ensure that 1 of 12 sampled resident records contained all the required components that included a completed resident contract (#5).

Findings:

Resident #5's record revealed she was admitted to the facility on . A contract, dated was signed by the facility staff but not by the resident or representative.

On at 4 PM, the administrator offered no comment.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to review their comprehensive emergency management plan (CEMP) annually and submit changes to the plan to the county Office of Emergency

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

Management (OEM) for approval as required by 58A-5.026(2) FAC.

Findings:

Review of the facility's Comprehensive Emergency Management Plan and approval revealed an approval letter dated . There was no documentation provided that the facility had reviewed their plan annually.

On at 11:30 AM, the administrator confirmed there were changes in the emergency contact people designated in the plan, and confirmed the plan had not been initialed as reviewed or resubmitted to the county OEM with the changes noted.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, policy review and interview the facility failed to maintain a copy of the facility's current Emergency Power Plan (EPP) and the approval letter from the county Office of Emergency Management (OEM), failed to develop and implement policies and procedures to ensure the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source, failed to maintain a minimum required fuel supply for operation of the generator, failed to develop and implement policies and procedures outlining the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration, and failed to train all staff upon hire in the operation of the alternate power source and procedures to ensure resident safety, as required in 58A- 5.036 FAC.

Findings:

1. Request to review of the facility EPP approval letter from the county OEM found the executive director was unable to locate the county approval letter. Review of the facility EPP revealed it was entitled Emergency Environmental Control Plan and dated . The document appeared to be a draft version of the plan. There were 6 brief sections indicating they had 3 generators and, including Section V (Fuel Storage- TBD) (to be determined) which detailed 2 options for storing gasoline in "round or square" tanks and the name of a fuel vendor. Section VI (Maintenance & Testing) outlined their planned timeline for testing by "competent personnel" but did not indicate who would do the testing. The section noted written records would be maintained. The next page noted all of the above information again. There was a facility floor plan. The final page was entitled "Clinical Protections in Power

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

Emergency" and included 10 brief steps.

Review of the plan revealed it did not indicate how temperature would be monitored or how and when wellness checks would be conducted to monitor for signs of heat related injury.

Observations during a tour of the facility found there were 2 generators present, not 3. The executive director stated on , they decided 2 were enough. There was no fuel present at the facility on . Local ordinances do not prevent storage of fuel in the amount required by this facility. Observations revealed there were two (2) empty 35-gallon gasoline storage tanks, still in the boxes they were shipped in, on site. No written records regarding testing or maintenance were available for review.

(photographic evidence obtained)

2. Request was made to review the facility policies and procedures for effectively and immediately activating, operating and maintaining the alternate power source.

On at 2:20 PM, the executive director stated no policies and procedures were available for review.

3. Observation on found no fuel on site for use in the generators.

On at 2:15 pm, the administrator stated the name of the fuel vendor in the plan did not supply gasoline, only propane or diesel, and would not be used. On at 2:20 PM, the executive director confirmed the gasoline had not been delivered yet, and delivery was planned for later in .

4. Review of the facility plan did not find any language which addressed the use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration.

On at 2:20 PM, the executive director confirmed there were no policies for review.

5. There was no documentation indicating training of staff on the procedures that are to be followed in a power outage.

On at 2:20 PM, the executive director confirmed there were no policies for review.

On at 2:30 PM, the executive director confirmed she was unable to locate the county approval

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

letter and their actual plan. She confirmed they only had 2 portable generators, and not the 3 listed in the plan. She stated there was no gasoline on site. She stated no maintenance had been performed yet. She confirmed she did not have policies and procedures for monitoring residents and maintaining medications requiring refrigeration, testing and maintaining the generators or for training staff members on what to do in a power outage.

Class II

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on the Agency for Health Care Administration's (AHCA) Background Screen (BGS) website review, personnel record review and interview, the facility failed to register and maintain the current employment status of employees within the Agency's BGS Clearinghouse for 1 of 5 sampled employees (B).

Findings:

Review of staff B's personnel record revealed she was a caregiver hired on . AHCA's employee roster for the facility revealed staff B was not listed on the roster as required within 10 days of hire.

On at 6:15 PM, the administrator confirmed the finding.

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 ensure that 1 of 5 personnel records contained an Attestation of Compliance with Background Screening Requirements, AHA Form 3100-0008, (C).

Findings:

Personnel record review for staff C, a caregiver hired , did not reveal any evidence that he completed an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, .

On at 4:45 PM, the administrator said she was unable to locate the form.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965589	**06/20/2019**
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)

Unclassified