Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966519	A. BUILDING: _____ B. WING _____	08/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH GRAND OF MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 160 SS=D	58A-5.024(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a [redacted]; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 58A-5.025, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [redacted] (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 160	Continued From page 1 described in Rule 58A-5.026, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 58A-5.021, F.A.C.; (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 58A-5.0181, F.A.C. (h) If the facility advertises that it provides special care for persons with [redacted] 's [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (j) All food service records required in Rule 58A-5.020, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

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A 160	Continued From page 2 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on fire inspection report review and interview, the facility failed to maintain a satisfactory fire inspection report. Findings: Review of the fire inspection report dated revealed it noted the facility had a violation as follows: "Action required: properly repair or replace generator so that it functions as designed to turn on automatically in the event of a power failure." On . . . . . at 10:35 AM during a telephone call the administrator was made aware of the findings. Class III	A 160		
A 162 SS=B	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth;	A 162		

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A 162	Continued From page 3 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable. (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A . . . record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their . . . recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of	A 162		

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A 162	Continued From page 4 the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive	A 162		

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A 162	Continued From page 5 meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the informed consent to allow unlicensed staff to assist 1 of 2 sampled residents (#1) with self-administered medications was complete and indicated whether or not the staff would be overseen by a licensed nurse.	A 162		

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A 162	Continued From page 6 Findings: Resident #1's record revealed a facility admission date of . Her current 1823, dated ., indicated that she requires assistance with self-administration of medications. Her informed consent allowing unlicensed staff to assist with her medications, dated ., did not indicate whether or not the staff would be overseen by a licensed nurse, as required. On . at 10:05 a.m. the administrator confirmed the findings. Photographic evidence obtained. Class	A 162		
A 200 SS=G	58A-5.036 FAC Emergency Environmental Control (1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information: (a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. 1. The required temperature must be maintained	A 200		

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A 200	Continued From page 7 in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S., and subsection 58A-5.026(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained. 2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code. 3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The	A 200		

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A 200	Continued From page 8 plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment. a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F.S., must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary. b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any necessary movement of residents must be clearly described in the emergency power plan. c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage. (b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain . . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.	A 200		

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A 200	Continued From page 9 1. Facilities must store minimum amounts of fuel onsite as follows: a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite. b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite. 2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S., that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency. 3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule. 4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel. (c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility. (d) The acquisition and maintenance of a . . . . monoxide alarm. (2) SUBMISSION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall submit its plan to the local emergency management agency for review within 30 days of the effective date of this rule. Assisted living facility plans previously submitted and approved pursuant to Emergency	A 200		

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A 200	Continued From page 10 Rule 58AER17-1, F.A.C., will require resubmission only if changes are made to the plan. (b) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license. (c) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the local emergency management agency for review and approval. (3) APPROVED PLANS. (a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request. (b) Within two (2) business days of the approval of the plan from the local emergency management agency, the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration. (c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the local emergency management agency and	A 200		

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A 200	Continued From page 11 update within ten (10) business days of implementation. (4) IMPLEMENTATION OF THE PLAN. (a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than . . , have implemented the plan required under this rule. (b) The Agency shall allow an extension up to . . . . . to providers in compliance with subsection (c), below, and who can show delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes. Assisted living facilities shall notify the Agency that they will utilize the extension and keep the Agency apprised of progress on a quarterly basis to ensure there are no unnecessary delays. If an assisted living facility can show in its quarterly progress reports that unavoidable delays caused by necessary construction, delivery of ordered equipment, zoning or other regulatory approval processes will occur beyond the initial extension date, the assisted living facility may request a waiver pursuant to Section 120.542, F.S. (c) During the extension period, an assisted living facility must make arrangements pending full implementation of its plan that provides the residents with an area or areas to congregate that meets the safe indoor air temperature requirements of paragraph (1)(a), for a minimum of ninety-six (96) hours. 1. An assisted living facility not located in an evacuation zone must either have an alternative power source onsite or have a contract in place for delivery of an alternative power source and fuel when requested. Within twenty-four (24) hours of the issuance of a state of emergency for an event that may impact primary power delivery for the area of the assisted living facility, it must	A 200		

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A 200	Continued From page 12	A 200		

have the alternative power source and no less than ninety-six (96) hours of fuel stored onsite.
2. An assisted living facility located in an evacuation zone pursuant to Chapter 252, F.S., must either:
a. Fully and safely evacuate its residents prior to the arrival of the event, or
b. Have an alternative power source and no less than ninety-six (96) hours of fuel stored onsite, within twenty-four (24) hours of the issuance of a state of emergency for the area of the assisted living facility.
(d) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.
(e) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.
(f) The Agency for Health Care Administration may request cooperation from the State Fire Marshal to conduct inspections to ensure implementation of the plan in compliance with this rule.
(5) POLICIES AND PROCEDURES.
(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that residents do not experience complications from fluctuations in air temperatures inside

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A 200	Continued From page 13 the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including: 1. The use of cooling devices and equipment; 2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration; 3. Wellness checks by assisted living facility staff to monitor for signs of [illegible] and heat injury; and, 4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy. (b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request. (c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law. (6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration may seek any remedy authorized by Chapter 429, Part I, F.S., or Chapter 408, Part II, F.S.,	A 200		

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	AL11966519	A. BUILDING: _____ B. WING _____	08/21/2019

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A 200	Continued From page 14 including, but not limited to, license revocation, license suspension, and the imposition of administrative fines. (7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN. (a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule. (b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan. (8) NOTIFICATION. (a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative: 1. Upon submission of the plan to the local emergency management agency that the plan has been submitted for review and approval; 2. Upon final implementation of the plan by the assisted living facility. (b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a), above, in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available" means the ability to immediately produce the notifications, either in electronic or paper format, upon request. This Statute or Rule is not met as evidenced by: Based on facility record review and review of the facility's written environmental control plan policies and procedures and interview, the facility	A 200		

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A 200	Continued From page 15 did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented, did not follow their plan for maintaining written records of maintenance and testing of the generator, did not have generators that were functional or an adequate alternative power source to be used in the event of a power outage to ensure the safety and well-being of residents of the facility at all times. Findings: The facility consisted of two buildings on the property. One of the buildings was a one story, secured memory care building (760), the other was a two story building (740). Review of the facility's record revealed their environmental control plan was approved on . . . . . Further review of the facility's records revealed there was no documentation to confirm that the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented. Review of the facility's emergency environmental control plan revealed it noted under section VII. Maintenance & Testing: Generators will be inspected weekly, exercised under load for 30 minutes 12 times a year in 20-40 day intervals and exercise once every 36	A 200		

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A 200	Continued From page 16 months for four continuous hours. The plan also noted written records of maintenance and testing are maintained and readily available. On ..... a request was made to the administrator to provide written documentation for the maintenance and testing of their alternative power sources for both buildings and evidence that within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and approval and that the plan was implemented. On ..... at 10:50 AM, the administrator said she could not locate the written documentation for the maintenance and testing of their alternative power sources for both buildings. The administrator and the maintenance director were asked at the time if the generators worked. They both stated they worked and had to be turned on manually in the event of a power outage. The administrator said they had two portable generators and 6 spot coolers for both buildings for their alternative power source also. Review of the facility environmental control power plan revealed it noted the facility had fixed generators for both buildings, and 5 spot coolers. It noted a generac portable generator was stored in the rear of building 740 and was bolted to the building and covered with a tarp. It also noted for building 760 a generac portable generator was stored in the rear of the building bolted to the building and covered up.	A 200		

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A 200	Continued From page 17 On . . . . . at 11 AM observations revealed there were two fixed generators on the outside of each building. The maintenance director started the generator for building 740 and said that they worked. He showed the agency's surveyor the two portable generator and the gas tanks that were outside of building 740 and were located in the grass barely covered with tarp, they were not bolted to the ground. He said the portable generators would be used for building 760 and placed in . . . of the activity area and the spot coolers would be there. He was asked at the time if these would be the only generators available for both buildings and he said that was all that they had. Observations in building 760 on at 11:15 AM revealed there were 2 spot coolers turned on in the activity area, where most of the residents were. This was because the air conditioning unit did not work in that area did not work. The maintenance director was asked at the time for the location of monoxide detector. He showed the agency surveyor that the . . . monoxide detector was located in the kitchen, which is not the same locations as the generators would be placed. On at 12 PM, the administrator was asked where the additional spot cooler was, she said they were somewhere in the building however she never presented them to the agency. On at 3 PM, the director of operations said the facility did not within five (5) business days, notify in writing, each resident and the resident's legal representative upon submission of the emergency environmental control plan to the local emergency management agency that the plan had been submitted for review and	A 200		

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A 200	Continued From page 18 approval and that the plan was implemented. On at 8:30 AM a visit was made to the facility to make observations of the generators to determine if they were in good repair. On at 9:30 AM, a request was made to physically have the generators started up and have the alternate power transferred to the buildings as required by all codes and regulations. At 9:40 AM, the director of maintenance shut down the main power to building #740 after approximately 2 minutes the alternate power source for the building did not transfer as required. The main power was restored to building. At 9:55 AM, a request was made to physically have the generator for building #760 (memory care) started up and have the alternate power transferred to the building as required by all codes and regulations. The director of maintenance shut down the main power to building and the generator started for approximately 3 seconds and shut down. The director of maintenance said according to the company that serviced the generator said it had water and oil mixture in the engine, and it was out of service. The director of maintenance said at the time that it cost more to fix the problem than to purchase a new one. He had informed the corporate office, and they were aware of the situation. Main power was restored to building #760. Further observations on . . . . . at 10 AM of building 760 revealed the 2 spot cooler continue to run in the activity area of the building, residents were observed sitting in the area, further	A 200		

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A 200	Continued From page 19 observations revealed one of the spot coolers had the hose going to the outside of the building through a window, the other did not have a hose and the air coming out of the . . . of it was hot, there was no way to transfer the heat to the outside of the building. The director of maintenance said at the time he was not aware of where the hose was to attach to the . . . of the spot cooler. On . . . . . at 10:30 AM the director of maintenance was asked if the power were to go out and the generator were not working, what alternative power source and cooling device would the facility have for building 740, because it was a two story building and where would they be placing the spot cooling device and the . . . . hose. The maintenance director said he did not know. On . . . . . administrator provided an invoice from the generator service provider regarding the condition of the generators for both buildings. After reviewing the reports, they noted that both generators were not operational and needed to be replaced. On at 11:50 AM the administrator and the director of maintenance both stated they were aware of the condition of the generator and had not taken any action at this time to correct the situation. The administrator said she had forwarded a copy of the reports and an invoice regarding the price to repair or replace to her corporate office and they had not responded. The facility had provided an environment control plan to the local emergency management agency that was not accurate, the two fixed generators were not operational, the two portable generators	A 200		

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A 200	Continued From page 20 were not bolted and covered with tarp and there were not 5 spot coolers available at the facility. The facility did not have a plan in place to ensure that the residents of the facility were safe and that air temperatures would be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The facility was also made aware that should they lose main power they would not have a functioning fire alarm, emergency lighting, elevator, and any other life safety features. Class II	A 200		
A 000	Initial Comments A re-licensure and complaints (2019008843, 9300, 10427, 7354, 11721) were conducted on , and at Savannah Grand of Maitland. Deficiencies were found for the re-licensure and complaint survey at the time of the visit.	A 000		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the	A 008		

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A 008	Continued From page 21 facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist,	A 008		

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A 008	Continued From page 22 clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,	A 008		

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A 008	Continued From page 23 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or , , services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of . . . ., ... , ... or any other communicable . . . ., which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.	A 008		

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A 008	Continued From page 24 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida [illegible] Form, for residents who do not wish [illegible] to be administered	A 008		

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A 008	Continued From page 25 in the case of [redacted] or [redacted]. (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of and accurate resident health assessment form, 1823 for 2 of 9 sampled residents (#2 and #9) 60 days before admission or within 30 days after admission. Findings: 1. Record review for resident #9 revealed an updated resident health assessment form 1823 dated [redacted] revealed the health care provider did not document the type of assistance the resident required with [redacted]. That section was left blank. On [redacted] at 1 PM, the resident care director confirmed the findings. 2. The facility's admission and discharge log indicated resident #2 was admitted to the facility on [redacted].	A 008		

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A 008	Continued From page 26 Resident record review for resident #2 revealed an AHCA form 1823 dated , which was greater than 60 days before admission to the facility. There was no evidence the resident had been examined 30 days after admission to the facility. In an interview with the director of nursing on at 11 AM who said she thought resident #2 had another health assessment, maybe the doctor had it with him. "Photographic Evidence Obtained". Class III	A 008		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In	A 010		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 010	Continued From page 27	A 010		

the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.
(9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met.

58A-5.0181
(4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are:
(a) The resident may be bedridden for no more than 7 consecutive days.
(b) A resident requiring care of a ,
may be retained provided that:
1. The resident contracts directly with a licensed home health agency or a nurse to provide care,

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	AL11966519	A. BUILDING: _____ B. WING _____	08/21/2019

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or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider,
2. The condition is documented in the resident's record; and,
3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.
(c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need;
2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency;
3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and,
4. Documentation of the requirements of this paragraph is maintained in the resident's file.
(d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times.
(e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license.
(f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily

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A 010	Continued From page 29 living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure that as part of the continued residency criteria, 1 of 9 residents (#2) had a -to- medical examination by a health care provider when he was admitted to hospice, which was a significant change. Findings: The facility's admission and discharge log indicated resident #2 was admitted to the facility on . Resident record review for resident #2 revealed an AHCA form 1823 dated , which was greater than 60 days before admission to the facility. Continued record review revealed he was admitted to hospice on . The review revealed no evidence to confirm the resident had a -to- medical examination by a health care provider when he was admitted to hospice. In an interview with the director of nursing on at 11 AM who said she thought hospice may have the assessment , since they assessed the resident when he was admitted to their services. On at 2 PM the director of nursing said she contacted hospice, but they had not contacted her .	A 010		

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A 010	Continued From page 30 "Photographic Evidence Obtained". Class III	A 010		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of . . . . . or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such . . . . . or . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

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A 025	Continued From page 31 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to provide care and services appropriate to the needs of 2 of 9 sampled residents and failed to ensure that , medication was timely ordered and refilled for resident #9 who suffered intense , and failed to follow healthcare provider's order for medications for resident #10. Findings: 1. On at 10 AM, resident #9 said in , she went days without her , that was for her , . She said due to her being out of the medications she suffered "intense , ." Record review for resident #9 revealed a resident health assessment form dated that included a diagnosis of . The health care provider noted she required assistance with the self-administration of her medications. Review of the Medication Observation Record for revealed there were staff initials with a	A 025		

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A 025	Continued From page 32 circle around them on the following days and times for , / , , 7.5/325 milligrams(mg) take one three times a day: On at 1 PM and 7 PM; on and at 7 AM, 1 PM and 7 PM; on at 7 AM and 1 PM. Further review of the MOR and record, revealed there was no documentation to confirm that the facility had made reasonable efforts to get the resident's for her , refilled timely that resulted in the resident suffering "intense , ." There was no documentation to indicate what the staff initials with circles meant on the MOR. There were also two count sheets. One noted that last pill was on given was at 7 AM the count was at 0. The next sheet noted the begin count was 30 and the first date the medication was given was on at 7 PM. On at 11 AM, the resident care director reviewed the MOR and said the staff initials with the circles meant the resident's medication was not available. The resident care director confirmed the medication was not refilled timely. 2. During an interview on at 11:30 AM resident #10 said that she did not always got medications; sometimes she went without them. Resident record review for resident # 10 reviled a health assessment report dated that listed diagnoses of decline, disc . According to the health assessment she needed help with management of medications. Just to make sure they have been taken/reminding,	A 025		

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A 025	Continued From page 33 otherwise independent. It was also indicated she needed assistance with self -administration of medications. Healthcare provider's order signed indicated 2 mg twice daily for 2 days, the date of the top of the phone order was . The , Medication Observation Record (MOR) listed 2 mg twice a day for 3 days and had staff initials circled (indicative that resident did not get the medication) on , and and then indicated stop. The page of the MOR indicated on - awaiting family to bring. The , MOR listed , 50 mg one at bedtime had staff initials on , , , and and ; , 50 mg one daily had staff initials circle on to ; Donezapil; 10 mg once daily had staff initials circled on , . The page of the MOR indicated on Donezapil 5 mg awaiting pharmacy. Healthcare provider order dated indicated 20 mg I tablet twice a day for 7 days for left . The did not list the . The MOR listed , circled on to . The MOR did not have any written entries as to why the staff initials were circled and why did the resident did not get her medications. There were no written notations as to when and what symptoms the resident presented that contact needed to be made with the healthcare provider and requested. In an interview with the director of nursing on at 11 AM who said the doctor discontinued the because thee resident's	A 025		

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A 025	Continued From page 34 son did not want the medication and she got better. She was to contact the pharmacy to seed if they had the order to discontinue the . . . . She added that the staff forgot to write on the of the MOR why the resident did not get the medications. She returned at 2:30 PM and provided a fax dated . . . . . at 2:23 PM from a pharmacy with an order dated to discontinue , however the order was not signed or dated by the healthcare provider. She also provided an order dated . . . . and dated . . . . . that indicated 2 mg twice a day for 3 days. "Photographic Evidence Obtained". Class II	A 025		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is	A 030		

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A 030	Continued From page 35 implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in	A 030		

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A 030	Continued From page 36 compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from . . . . and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.	A 030		

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A 030	Continued From page 37 (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . . . for health care services, the provision of or arrangement of transportation to health care . . , and the performance of health care services in accordance with s. 429.255	A 030		

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A 030	Continued From page 38 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the	A 030		

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A 030	Continued From page 39 Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.	A 030		

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A 030	Continued From page 40 This Statute or Rule is not met as evidenced by: Based on review of facility's documentation and interview, the facility failed to exercise and honor resident rights' by providing a written documentation of resolution to grievances as required. Findings: Review of the facility's Resident Council meeting notes conducted on there were concerns expressed related to food service, issues with how dirty the carpets are and black like substance observed on the ceiling. According to documentation on Furthermore, the Administrator or the Maintenance Director was not in attendance for that meeting to address the concerns immediately. "Photographic evidence obtained" On . . . . . at 1:10 PM, an interview with the Administrator confirmed she had no written documentation of resolution to the resident's concerns. Class III	A 030		
A 052 SS=D	429.256( ); 58A-5.0185 (3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including	A 052		

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SAVANNAH GRAND OF MAITLAND	740 NORTH WYMORE ROAD MAITLAND, FL 32751

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A 052	Continued From page 41 an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or	A 052		

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A 052	Continued From page 42 medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) , , or preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. 58A-5.0185 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section	A 052		

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A 052	Continued From page 43 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 44 (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S. 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure the unlicensed staff (E) who assisted a resident (#5) with self-administration of medications followed the correct procedures and failed to ensure medications were available for 1 of 17 sampled residents (#1) who received assistance with self-administration of medications and was away from the facility. Findings: 1. Observations made during a medication pass for resident #5 on at 12:09 p.m. revealed the resident stood near the medication cart. Unlicensed caregiver E unlocked the cart, sanitized her , then she removed a medication bubble pack from the cart. She told the resident "this is your for ," then she popped the pill out and into a cup. The resident took the pill without assistance. The caregiver signed the Medication Observation	A 052		

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A 052	Continued From page 45 Record (MOR.) The caregiver said only the name and reason for the medication and did not read the prescription label aloud, as required. At 12:20 p.m. caregiver E confirmed the findings. Resident #5's current 1823 health assessment form, dated , indicated that he requires assistance with self-administration of medications. 2. Resident #1's record revealed a facility admission date of . Her current 1823, dated , indicated that she requires assistance with self-administration of medications. Her MOR revealed that on her 5 p.m. doses of , , , , , and were circled and documentation on the of the MOR indicated "all evening meds not given, out with family." On at 10:07 a.m. the administrator said the facility's process when residents are away from the facility is that the residents take their meds with them and either they or their family sign the meds out and said that process was not followed in this case. Photographic evidence obtained. Class III	A 052		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff	A 078		

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A 078	Continued From page 46 (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document	A 078		

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A 078	Continued From page 47 observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility . . . . . to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 4 sampled staff (A) had evidence of a negative . . . . . ( ) examination documentation on an annual basis, as described in Florida Statute 58A-5.019(2) FAC. Findings: In a record review on of Staff A's personnel record revealed the staff was hired on . In further review it revealed the staff had a negative examination completed on . There was no evidence or	A 078		

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A 078	Continued From page 48 documentation of a examination for 2019. In an interview on at 1:30pm with the administrator she confirmed the findings and stated she had a , done on which was good for a 2 year period. She stated she was not aware she was required to have an annual statement. Class III	A 078		
A 081 SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or	A 081		

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A 081	Continued From page 49 home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident [illegible], neglect, and [illegible]. The facility must use its [illegible] prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living.	A 081		

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A 081	Continued From page 50 (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 2 of 4 staff sampled had received the required training within 90 days of hire. (E, F) Findings: 1. Review of the personnel record for staff E, caregiver hired , did not reveal documentation that she had completed a 3 hour training covering Activities of Daily Living (ADL) and Behavioral Needs. A certificate dated . . . . was reviewed which documented a 2 hour training for ADL only. On . . . . . at 1:15PM, the Human Resources manager confirmed the information was not available. 2. Staff F's personnel record review revealed a hire date of . There was no evidence	A 081		

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A 081	Continued From page 51 or no certificate for the 2 hours pre-service orientation training completed as required prior to interacting with the residents. On [redacted] at 1:50 PM, an interview with the Director of Operations confirmed the finding. Class III	A 081		
A 086 SS=D	58A-5.0191(10) FAC Training - ADRD (10) [redacted] AND RELATED [redacted] ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 64.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between [redacted] and [redacted] shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled "[redacted] and Related [redacted] Level I Training," must address the following subject areas: 1. Understanding [redacted] 's [redacted] and related [redacted]; 2. Characteristics of [redacted]; 3. Communicating with residents with [redacted] 's [redacted];	A 086		

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A 086	Continued From page 52 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility . . . . . and Related . . . . . Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " . . . . . and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. . . . . and Related . . . . . Level II Training must address the following subject areas as they apply to these . . . . . : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "'Training Guidelines for the Special Care of Persons with 's and Related . . . . . ," dated . . . . . , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education	A 086		

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A 086	Continued From page 53 received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree	A 086		

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A 086	Continued From page 54 referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure that 1 of 5 sampled staff (D) providing direct care to the residents in a secure memory unit completed the 4 hours of continuing education annually in 's and Related (ADRD) as required. Findings: Staff D's personnel record review revealed a hire date of 6//28/2017. There was no documented evidence that 4 hours annual ADRD update training was completed. The Level 1 ADRD training was completed on and the 4 hours Level 2 ADRD training completed on . "Photographic evidence obtained" On at 1:50 PM, an interview with the Director of Operations confirmed the finding. Class III	A 086		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good	A 152		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 152	Continued From page 55 working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, [illegible] or other furniture designed for storage of clothing or personal effects; 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be [illegible]. This Statute or Rule is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings:	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966519	A. BUILDING: _____ B. WING _____	08/21/2019

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A 152	Continued From page 56 On . . . . at 10:09 a.m. resident #1 said she enjoyed raising her windows however, the left window would not stay up unless something was used to prop it open and said it had been that way for three weeks. A facility note, dated . . . . , indicated that resident #1 reported that she tried to open her window and the window . out and broke her glass flower pot. She sustained a cut on her . Observations made on at 10:59 a.m. revealed stained carpeting outside of the ice cream parlor on the first floor and to the left of room B10 and a brown stained ceiling and cracked plaster in the hallway bathroom located across from the beauty salon on the second floor. At 1:44 p.m. the maintenance director said he is aware of resident #1 not being able to raise her window, said he learned of it last week, and said he has to find a part through a window company. He said there was not a written work order. At 2 p.m. the maintenance director confirmed the stained carpet, stained bathroom ceiling, and cracked plaster. Observations made on . . . . . at 10 a.m. revealed a mound of cigarette butts on the ground outside of the "pub." At 11:30 a.m. the maintenance director confirmed the finding. Review of resident council minutes revealed that on . . . . . the resident's presented a concern regarding the area outside of the pub and said it was not being cleaned and cigarette butts were everywhere.	A 152		

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A 152	Continued From page 57 On at 10:50 a.m. review of the maintenance work order book revealed no work orders for resident #1's broken window or any of the physical plant concerns. At 12:09 p.m. the administrator said resident #1's window has been broken since it on . She said the maintenance director is working with a window company to make the repair. A request was made to review documentation of a work order or any correspondence with the window company to verify repairs were forthcoming however, she never provided additional documents. Photographic evidence obtained. On at 10:10AM, a tour of the "F" wing on the second floor was conducted. Room F2 had badly stained carpeting, which was also on the seams. The carpet was completely ripped to expose the flooring underneath along the long edge of the bed. The headboard of the bedframe was broken and leaning in toward the of the bed. The glass cover of the ceiling light fixture was cracked. The ceiling air vent was exposed and had no cover. Room F4 had stained carpeting. Room F6 had an electrical outlet above the long kitchen-area countertop that was exposed/had no cover plate. Carpeting throughout the hallways in the F wing of the second floor was stained. (photographic evidence obtained) On at 2:10PM, the director of	A 152		

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A 152	Continued From page 58 maintenance was shown the above and confirmed the findings. 9:45am Toured 1st floor rooms A1-A11. Hallway carpets between rooms A1 and the room across A11 had stains throughout the carpet. Rooms A8 and A1 had black carpet stains throughout rooms. On . . . . . at 11:00am, the director of maintenance was shown the above and confirmed the findings. (photographic evidence obtained) An observation on at 10 AM, the hallway D carpet to residents' rooms was heavily stained and dirty. "Photographic evidence obtained" An observation in room D4b on at 10:30 AM, upon entering the apartment the carpet was ripped and coming up. In the bathroom, in front of the sink the floor tile is ripped and discolored. "Photographic evidence obtained" On at 10:50 AM, an interview with resident in room D5 complained that his air conditioner is not working in his room. Observation that it was very warm in the room, that the resident stated to excuse him for lying on his bed with no clothes on because he felt like he was on the beach with it being so hot in his room.	A 152		

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A 152	Continued From page 59 The room temperature was taken by the thermometer and registered 79 degrees. In further conversation, the resident stated that he told the other Maintenance Director who recently was terminated about his air conditioner not working and it was never fixed. On at 2 PM, a walk through with the Maintenance Director to show him all the issues found in D hallway. He confirmed the findings and will fix the air conditioner in room D5 immediately. On . . . . at 10:30 AM A tour of the 2nd floor was conducted that included the E hall. There were various areas on the carpet with stains on this hall including large stains located around the nurse's station. There were brown ceiling stains around a light fixture that was located by the window. The kitchen area in the dry storage room had moisture in the light fixture, there was black mildew like substance in one of the corners and ceiling of the storage room. There was black mildew like substance around the a/c vents in the kitchen area and where the dishwasher was located. There was dust around the air conditioning vent. There was a ceiling tile on the left that was hanging slightly. Further observations in the memory care kitchen revealed there was black mildew like substance in ceilings around the air vents, and also in another space located inside the kitchen. Outside of the kitchen in the memory care unit where the sink was located there was black mildew like substance around the vents. On at 1 PM, the senior maintenance director confirmed the findings.	A 152		

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A 152	Continued From page 60 On at 10 AM, observations from the outside of the building revealed there was a broken/cracked window that was a resident's room in the secured memory care building. Further observations on the inside of the building revealed the room with the broken/crack window was # and it was currently occupied by a memory care resident. Observations revealed pieces of the broken glass remained in the window. On at 10:15 AM, the senior maintenance director said he had been employed by the facility for almost 1 month and the window was broken when he arrived and was waiting to have it repaired. He said a tree crashed into the window. Observations on at 10:40 AM of the right sided dining room ceiling noted the ceiling by the air conditioning vent had stains around and the paint peeled. The vent was dirty. The common area had a portable AC unit. The unit was connected to the window by a hose. The staff said that the air conditioning was being repaired , it needed a part. On at 2:26 PM when the Agency representative pointed out the ceiling on the right sided dining room , the senior maintenance director said he was not aware of the issue. It was new to him. On at 230 PM he said the kitchen vent needed painting. Interview on at 1:55 PM with the senior maintenance director who said the "AC guy"	A 152		

Agency for Health Care Administration

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A 152	Continued From page 61 came last week to check on the air conditioner and said it needed a part and would order it . The guy did not give him any paperwork. He clarified the "AC guy " was really an air conditioner repair company but he was unable to recall the name of the company. "Photographic Evidence Obtained". Class III	A 152		