

| | | |
|---|--|---|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284 | (X3) DATE SURVEY COMPLETED 12/11/2017 |
| NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751 | |

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

0000 - Initial Comments

The re-licensure survey was conducted on . Savannah court of Maitland had deficiencies at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to have a new 1823 Health Assessment form completed by the healthcare provider when a resident had a significant change and retained 1 of 3 sampled residents (#16) that requires total care with transferring and no longer met continued residency criteria.

Findings:

Observation on at 4 PM revealed staff B (caregiver) had to lift resident #16 from behind holding arms from the bed into the wheelchair. Resident #16 did not pivot or bear weight to assist during the transfer.

Resident #16's record review revealed date of admission with a Health Assessment form dated requiring assistance with Activities of Daily Living (ADLs) including: ambulation, bathing, dressing, toileting, and transferring with a 1 person assist.

On at 2 PM, an interview with resident #16 who stated the staff have to help her get into her wheelchair by lifting her. She cannot do it on her own.

On at 4:30 PM, an interview with staff B who stated every day, resident #16 will sit in her wheelchair all day not asking for help to transfer unless it is to go to until she is ready for bed about 6:30 PM each night.

On at 5 PM, an interview with the Administrator who confirmed the finding.

Class III

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

Based on interview, Medication Observation Record (MORs) review and record review, the facility failed to maintain a written record of a significant change (hospitalization) for 1 of 3 sampled residents (#6); and the facility failed to document the healthcare provider and family was notified as required of the hospitalization.

| | | |
|---|--|---|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284 | (X3) DATE SURVEY COMPLETED 12/11/2017 |
| NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751 | |

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

Findings:

On [redacted] at 10 AM, an interview with resident #6 who stated that she was in the hospital last month ([redacted] 2017) and in [redacted] 2017.

Resident #6's [redacted] 2017 and [redacted] 2017 Medication Observation Record (MORs) revealed that medications was not given because resident was in the hospital on dates [redacted] and then back out on [redacted]. Furthermore, the facility did not have documentation in the resident's progress notes confirming that the physician and family were notified. In addition, there was no documentation for the reason for the hospital visits.

Resident #6's record review revealed no documentation the physician and the family was notified when the resident was admitted into the hospital.

On [redacted] at 3 PM, an interview with the Resident Care nurse and the Administrator who confirmed that there was no documentation for the hospitalization stay in the progress notes.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, resident record review and interview, the facility failed to ensure all medications was properly stored in a centrally secured location for 1 of 3 sampled residents (#6).

Findings:

Observation on [redacted] at 10 AM, found full bottles of the following medications in resident #6's [redacted]: 1000mcg; Fish oil 1200mg; [redacted] nasal spray 50mg; Wal-Mucil [redacted] capsules and [redacted] tablets 10mg.

Record review for resident #6 revealed an 1823 Health Assessment dated 11/ [redacted]. The healthcare provider assessed to need assistance with self-administration of medications.

On [redacted] at 10:10 AM, interview with resident #6 revealed the medications were old and she no longer took them.

On [redacted] at 2:30 PM, an interview with the Administrator confirmed the findings.

| | | |
|---|--|---|
| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953284 | (X3) DATE SURVEY COMPLETED 12/11/2017 |
| NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF MAITLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 1301 W. MAITLAND BLVD MAITLAND, FL 32751 | |

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

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview, the facility failed to ensure that 2 of 5 sampled staff (A and B) that provide direct care, completed the required in-service training in Emergency preparedness and procedures including chain-of-command and staff roles relating to emergency evacuations within 30 days of employment.

Findings:

- Staff A's personnel record review revealed date of hire . There was no evidence found of the in-service training required for completion for emergency preparedness and evacuation procedures including chain-of-command.
- Staff B's personnel record review revealed date of hire . There was no evidence found of the in-service training required for completion for emergency preparedness and evacuation procedures including chain-of-command.

On at 4:30 PM, an interview with the Business Office Manager who confirmed the findings.

Class