07/01/2019

Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER:

AL11943102

COMPLETED A. BUILDING:

NAME OF PROVIDER OR SUPPLIER

B. WING\_ STREET ADDRESS, CITY, STATE, ZIP CODE

2090 N. CONGRESS AVENUE

SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401						
(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)	(XS) COMPLETE DATE		
A 000	Initial Comments	A 000				
	An unannounced licensure complaint survey, Complaint Number 2019006131, was conducted on at Savannah Court of The Palm Beaches. The facility had a deficiency identified at the time of the survey.					
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures	A 030		o de la constante de la consta		
	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 implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in Vilview 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)342-0282; the Agency Consumer Holline 1(889)419-3456, and the statevide toll-free telephone number of the Florida Hottline, 1(800)96-0287; The telephone number of the Florida Hottline, 1(800)96-07 (800)962-2873. The telephone number of the Florida Hottline, 1(800)96-07 (800)962-2873. The proximity to a telephone accessible by residents					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Agency f	or Health Care Adminis	stration				: 07/29/2019 APPROVED
STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11943102	B. WING		07/0	1/2019
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
SAVANNA	SAVANNAH COURT OF THE PALM BEA 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE

A 030 Continued From page 1 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-50181, 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					
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 \$68-5.0181, 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  7 control, sanitation, and universal procedurements;  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 compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the residents' right to unrestricted and private communication, pursuant to section 429.261 (Id), F.S. 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 429.261 (Id), 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 to not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.	PREFEX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
(g) In addition to the requirements of section	A 030	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 \$84.5 of 181. 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 requirements;  7 control, sanitation, and universal precautions; and,  8. The requirements for coordinating the delivery of services to resident 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 compliance with state and federal wage laws.  (f) The facility must provide residents with convenient access to a telephone to facilitate the residents, pursuant to section 429.28(1)(d), F.S. The facility must provide residents with convenient access to a telephone to facilitate the residents, For facilities with a licensed capacity of 17 or more residents in which residents of the power of the providents of the providents with convenient access to a three providents with convenient access to a telephone to facilitate the resident's with 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 on the acent Boot of each building where	A 030		

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Agency f	or Health Care Adminis	tration				0: 07/29/2011 1 APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERCLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE S COMPL		
		AL11943102	B. WING		07/0	1/2019
	ROVIDER OR SUPPLIER	2090 N. C	DRESS, CITY, STA DNGRESS AVE LM BEACH, FL	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
A 030	by a facility on a resic resident's physician a including half-bed rail chooses to use and c assistance, is not con 429.28 Resident bill of (1) No resident of a facility any civil or legal right guaranteed by law, th of Florida, or the Con as a resident of a facility shall have the (a) Live in a safe and free from and the form and the condition of the control of t	e use of physical lent must be reviewed by the nnually. Any device, s, which the resident an remove or avoid without sidered a physical of rights - cility shall be deprived of s, benefits, or privileges e Constitution of the State stitution of the United States lity. Every resident of a right to: decent living environment, neglect. nsideration and respect and of personal dignity, so or her own clothes and y in his or her immediate to maintain individuality and gt when the facility can	A 030			

other residents.

similar situations.

(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

(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.

Agency f	or Health Care Adminis	stration				0: 07/29/2019 1APPROVEC
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		AL11943102	B. WING		07/0	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SAVANNA	H COURT OF THE PALM	I RFA	NGRESS AVE M BEACH, FL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPS DEFICIENCY)	BE	(X5) COMPLETE DATE
A 030	resident or, if applicate representative, designattorney in fact author facility to provide safe provided in 8.429.27. (g) Share a room with are residents of the fact (h) Reasonable opposeveral times a week regular and frequent in prevented by incleme (l) Exercise civil and religious beliefs or pract religious services, resident. (l) Access to adequate	financial affairs unless the ble, the resident's nee, surrogate, guardian, or rizes the administrator of the kkeeping for funds as his or her spouse if both scility.  It is of the spouse if both scility. Tunity for regular exercise and to be outdoors at intervals except when int weather. eligious liberties, including ant personal decisions. No actices, nor any attendance shall be imposed upon any e and appropriate health stabilished and recognized	A 030			

competent jurisdiction.

(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

(I) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other

STATE FORM TJEZ11 If continuation sheet 4 of 9

	or Health Care Adminis				FORM	D: 07/29/2019 M APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S COMPL	
		AL11943102	B. WING		07/0	01/2019
	ROVIDER OR SUPPLIER	1 RFA 2090 N	ADDRESS, CITY, STA CONGRESS AVE PALM BEACH, FL	NUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
A 030	discrimination, or repestablish a grievance residents' exercise of includes access to or advocates and the rig active in, and to asso special interest group. (2) The administrator a written notice of the prohibitions set forth prominent place in explained to resident notice must state that Office of State Long-long-term care ormbu and identity of complications of the control of	"interference, coercion, risal. Each facility shall procedure to facilitate the this right. This right nbudsman volunteers and thit to be a member of, to be ciate with advocacy or s.	A 030			

facility or its owner, administrator, employees, or representatives any authority to manage, use, or

AHCA Form 3020-0001

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

dispose of any property of the resident; nor shall such admission or presence confer on any of

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

under state law,

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						: 07/29/2019 I APPROVE
Agency fo	or Health Care Adminis	tration				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		AL11943102	B. WING		07/0	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
SAVANNA	H COURT OF THE PALM	BFA	ONGRESS AVE LM BEACH, FL			
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A 030	Continued From page	5	A 030			
	the personal affairs of which may be necess	hority or responsibility for the resident, except that ary for the safe ccility or for the safety of the				
	Based on observation interview, the facility frights by providing a surjevance 1 out of 9 residents (F the facility failure to in resolution(s) to compl by Resident #1 regar towards residents in t Resident #1).	ailed to honor residents' arte living environment and is in an effective manner, for Resident #1). As evidence of plement effective aints (concerns) identified ing Resident #2's behavior				
	surveyor requested a for Resident#1 and #2 #1 facility file, this sur dated tha	plaint survey was ity. During the survey, this dr eviewed the facility files 2. During review of Resident veyor observed an entry 1 stated: "(Resident #1) has sident #2) and both were				

warned about the verbal altercations."

at 1:18 PM, this surveyor interviewed Resident #1 regarding concerns at the facility. Resident #1 stated: "The man (Resident #2), you, they allowed this man to call me to bitches and Satan. And ... for over three months. So, I started staying in my room. He has run so many people away. I remind them every day of at least four people who this man has caused to move from his table."

						07/29/2011
Agonou fo	or Hoolth Caro Adminio	stration			FORM	APPROVE
A. BUILL		A. BUILDING:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		AL11943102	D. WING		07/0	1/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
SAVANNA	H COURT OF THE PALM	A REA 2090 N. C	ONGRESS AVE	NUE		
UNIVA	ar obott or the race	WEST PA	M BEACH, FL	33401		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
A 030	Continued From page	e 6	A 030			
	through that with (Res it on me. I talked to (E what you going to do know what to do. So, spoke with (represent done. I called him aga	led "When I was going sident #2), they kept putting Executive Director) and ask with this? She says I don't I called corporate and tative). Nothing was getting ain, and he said '(Executive d to you? I told her what the				
	girt at the front desk a me. "You not suppose me." You not suppose me. "You not suppose what happened 2 day just ignore it. He wan why. It drives him ins attention, he starts sa Just today at funch, 1 me: "Il can't stand that On , revier a third party entity) re into the incident(s) rer resolted in the finding	w of confidential records (by evealed a recent investigation garding Resident #1 and #2				
	just ignore it. He wand why. It drives him insidente in he starts as Just today at lunch, I me: "I can't stand that On , revier a third party entity) reinto the incident(s) reresulted in the finding	Is my attention. I don't know ane. When he can't get my sying things like "You b—I" heard him say, looking at t B—." wo f confidential records (by evealed a recent investigation garding Resident #1 and #2 ys of Inadequate if, the facility still was unable				

other residents.

(resolution) had been implemented regarding the behavior of Resident #2 towards Resident #1 or

at 3:18 PM, this surveyor interviewed the Executive Director/Administrator and inquired as to the interactions between Resident #1 and #2. The Executive Director stated Resident #2 was given a 45-day notice, which was rescinded. "We talked to the (family member) and him, and it got better. He is an

STATE FORM caso TJEZ11 If continuation sheet 7 of 9

PRINTED: 07/29/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B MING AL11943102 07/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE SAVANNAH COURT OF THE PALM BEA WEST PALM BEACH, FL 33401 (X433ID) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A 030 Continued From page 7 A 030 asked about his interaction with residents, specifically Residents #1. She stated "He wanted to talk with her and she wasn't having it. We moved him to another table and, that was ... in This surveyor asked the Executive Director if Resident #2 had ever hit Resident #1 with his walker. She stated that his walker is really-wide. "I'm not making excuses for him, but he is very tall and finagling." He can't stop himself if he is moving." On . . . . . . at 12:10 PM this surveyor interviewed (confidential staff interview) who stated "Once in a blue moon a resident will get into it with another resident, like vesterday. We have a resident (resident 2). He tends to say things that are way off, (Resident 2) will get in a confrontation with (Resident 1). He tries to blame it on his During review of the facility Grievance Binder on this surveyor reviewed entries from through , and observed the following: 1) ..... (Resident #2) trying to be too

Confirmed

friendly and she does not want to be nice to him. She stated that he hit her wheelchair with his walker going to the dining room. Corrective Action to be taken: Monitor the two residents; alert staff to monitor closely. Statement of Confirmation:

: (Resident #1) continue to have issues with (Resident #2); they do not get along and he taunts her because she does not want to befriend him. Steps taken to investigate

Agency f	or Health Care Adminis	tration				07/29/2019 1 APPROVED
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE S COMPLI	
		AL11943102	B. WING		07/0	1/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
SAVANNA	H COURT OF THE PALM	IBEA	ONGRESS AVE			
			LM BEACH, FL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
A 030	Continued From page	8	A 030			
		ke to the resident & family				
	the grievance confirm	teness of the remarks. Was led or not? Yes				
	During observation of	the lunch dining between				
	12:20 PM and 12:30 F	PM, this surveyor observed				
		his table, which is next to lent #1 was sitting. The				
		residents was between 5				
	Division interview with	Function Disease between				
		Executive Director between 1, this surveyor informed her				
	of the alleged	that occurred during				
	"There is a table	ecutive Director stated: here (pointing to the				
		taybe we could move him				
		gentlemen. I hate moving eels like punishment. We'll				
	look into it."	colo inte parioriticità. Tre il				
	On betwe	en 4:03 PM and 4:15 PM,				
		the Executive Director to				
	conduct the Exit Inter informed her of the fir					
	information was provi					
	Class III					