STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953679	01/12/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savannah Grand Of Sarasota	7130 Beneva Road Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:
This is a complaint survey CCR#2014010447 conducted on at Savannah Grand of Sarasota, an Assisted Living Facility located in Sarasota, Florida.

There were 3 allegations. At the time of the survey deficiencies 1 allegation was substantiated and three deficiencies were identified.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review, observation, and interview the facility failed to maintain written records, updated as needed, of any illnesses that result in medical attention, and failed to document contact with the resident's health care provider and responsible party for 3 (Resident #1, #4, and #8) of 8 resident reviewed.

The findings include:

1. On the Regional Director of Operation (RDO) provided a list of residents who had been discharged from the facility in the last 6 months. This list identified Resident #1 as being discharged on at 12:53 p.m. The RDO said that Resident #1 was in the hospital and expired on Resident #1's record had a physician note dated addressing a "non-productive " There was an order received for syrup and and Amoxil 500 mg three times a day for 7 days. The resident's record also had a Discharged Plan dated The record contained documentation of a "MobilexUSA" X-ray results dated The record also contained a "MobilexUSA" X-ray result dated The record had no written notes concerning the , the 2 X-rays, or the hospitalization and of the resident.

On at 1:03 p.m. the Resident Care Coordinator (RCC) said she has the progress notes for Resident #1 in her computer. On at 1:20 p.m. the RCC was observed updating the "Resident Observation Log" on her computer for Resident #1. On at 1:20 p.m. the RCC said that she was just updating the "Resident Observation Log" for Resident #1 to include the information about the resident's .

On at 2:40 p.m. the RCC provided a 1 page copy of the "Resident Observation Log" for Resident #1. The first entry on the page was dated . The 2nd entry was dated . It stated, "Resident complaining of a non-productive , observed resident with loose , no temperature, called Doctor's office requested a chest-ray, sent a fax for follow-up." The 3rd entry was dated at 10 a.m. It addressed the physician's order for the . The next entry was dated 10 a.m. It stated, "Resident complaining of a loose , and pain. Resident requests to go to hospital for pain. 911 initiated." The final entry on the page was dated 10 a.m. It said, "Family called to inform nurse resident had . No other progress notes were available.

Resident #1's "Resident Observation Log" had no documentation of having contacted the resident's representative concerning the hospitalization of . There was no written record concerning the X-ray dated or the one dated .

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2. On . . . at 2:15 p.m. Resident #4 was observed being assisted with a . . . . . treatment by Staff A. Staff A said she is not a licensed nurse. She said that she has received training to assist residents with the self-administration of medication. Staff A said the resident just started the . . . treatments on . . .

Resident #4's record had documentation of a "Home Health Communication Form" dated addressing physical . . services being provided. The form noted frequency of visits is 2 times a week. On . . . . . a "Home Health Communication Form" noted Occupational . . services to be discontinued next week. Resident's #4's record had documentation of a Facsimile Transmittal Sheet dated . . . . . to the resident's physician saying, "Attached is the results of chest x-ray" for Resident #4. Resident #4's Medication Record for . . 2015 showed resident began . . treatments and . . . . . treatment on . . .

On . . at 2:40 p.m. the RCC provided a copy of "Resident Observation Log" for Resident #4. This was a one page computer print out. There were 10 entries dated from . . . . to . . . . There were 4 entries in . . 2014, 2 entries in . . 2014, 1 entry in . . 2014, 1 in . . 2014, 2 in . . . . . 2014 and 1 in . . . . 2014. The entry dated . . . noted, "Resident to her primary care physician, orders received for physical . . The entry on . . at 10 a.m. noted, "Resident . . in her apartment stating she got 911 initiated as resident hit her head. The note dated . . . at 9 a.m., noted, "Spoke with hospital resident admitted with . . " The last note dated . . . . 10:30 a.m. noted, "Resident returned to Savannah Grand, alert and oriented able to make all her needs known." There were no other notes available.

The "Resident Observation Log" notes dated . . . refered to the physician's order for physical . . There were no notes addressing the Occupational . . There were no notes explaining why the resident needed . . . . . notes did not address information related to notifying the resident's physician or responsible party of the resident's . . and transport to the hospital. The notes dated . . . stated that the resident was admitted to the hospital for . . There were no notes which address the resident being sick or having a . . or having . . There were no notes addressing the need for the X-ray ordered on or the need for . . . . . treatments and . . treatments beginning . . .

3. Record review for Resident #8 found a Medication Observation Record for . . . 2014 which showed the resident began receiving . . on . . . The resident's record had a hospital evaluation completed on . . . It documented the resident was seen for an evaluation of a leg . . . . . The resident's record had a physician's order dated . . . for resident to be evaluated by . . for a . . . on the left leg. A consult from the foot . was found dated . .

On . . at 4:00 p.m. the RCC provided a copy of the "Resident Observation Log" for Resident #8. The notes for . . . 2014, has no entry dated . . . . addressing the need for the . . treatment. The notes have an entry dated . . which says physician orders written for . . consult. Family states they do not wish her to go to dermatologist for surgery." There was no reference to the resident's leg . . . . There were notes addressing the resident's need for a consult from the Foot and Ankle

Class III

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0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, record review, and interview the facility failed to ensure a licensed nurse provide administration of medication for 1 (Resident #4) of 3 residents observed for medication review.

The findings include:

On . . . . . at 2:15 p.m. Resident #4 was observed being assisted with a . . . . . treatment by Staff A. Staff A said she is not a licensed nurse. She said she has received training to assist residents with the self-administration of medication. Staff A said that the resident just started the . . . . . treatments on 01 . . . .

On . . . . . at 2:15 p.m. Staff A was observed taking a vial of Ipratr-A . . . . . 0.5-3mg /3ml sol. for Resident #4 from the medication cart. The instruction on the label read use 1 vial via . . . . . three times a day. Staff A took the medication to the resident's . . . . . Staff A explained to Resident #4 what the medication was. Staff A gathered the mouthpiece pieces for the . . . . . which was sitting on the resident's counter by the sink. She took the pieces into the resident's . . . . . sat them down next to the . . . . . machine. Staff A helped Resident to her . . . . . she sat on the edge of the bed. Staff A was observed handing the vial to the resident. After several attempts to open the vial Staff A placed her hands around the resident's hand and assisted her to open the vial. Staff A then retrieved the mouth piece cup from the dresser and held it and then guided the residents hand to enable the resident to be able to pour the medication into the mouth piece cup. Staff A was observed assembling the pieces to the breathing mouth piece and turning the . . . . . on.

On . . . . . at 2:20 p.m. Resident #4 said that staff normally take care of all of this. Staff A then was observed handing the mouth mouth piece to the resident who proceeded to inhale the medication. When the medication was finished Staff A was observed turning the . . . . . off, disassembling the mouth mouth piece and taking them to the sink where she washed it out. She then set the pieces to dry on the counter top. Staff A then returned to the medication cart and updated the Medication Observation Record.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and interview the facility failed to maintain record for 2 (Resident #2 and #3) of 3 closed record reviewed.

The findings include:

On . . . . . at 9:45 a.m. the Regional Director of Operations(RDO) provided a list of residents who had been discharged from the facility in the last 6 months. Resident #1, #2, and #3 were selected for a closed record review.

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On at 10:30 a.m. finical records for Resident #1, Resident #2, and Resident #3 were provided. The health records for Resident #1 were also provided. The RDO said that the Resident Care Coordinator is try to locate the health records for Rresident #2 and #3.

On at 2:40 p.m. the Resident Care Coordinator said the health records for Rresident #2 and #3 could not be located.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Savannah Grand Of Sarasota
7130 Beneva Road
Sarasota, FL 34238

RE: #CCR#2014010447

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

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