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
	AL11969281	A. BUILDING: _____ B. WING _____	R 04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVORAH ALF II LLC	2369 SW FERN CIR PORT SAINT LUCIE, FL 34953

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{ZZ815}	408.809(1)( ); 435.02(2); 435.06 FS Background Screening; Prohibited Offenses 408.809 Background screening; prohibited offenses.- (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, ␣ with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients, or ␣ with a licensee or provider to work 20 hours a week or more who will have access to client funds, personal property, or living areas. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (3) All ␣ , must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The	{ZZ815}		

AHCA Form 3020-0001

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

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{ZZ815}	Continued From page 1	{ZZ815}		

qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf.

(4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction:
(a) Any authorizing statutes, if the offense was a felony.
(b) This chapter, if the offense was a felony.
(c) Section 409.920, relating to Medicaid provider fraud.
(d) Section 409.9201, relating to Medicaid fraud.
(e) Section 741.28, relating to domestic violence.
(f) Section 777.04, relating to attempts, solicitation, and conspiracy to commit an offense listed in this subsection.
(g) Section 784.03, relating to battery, if the victim is a adult as defined in s. 415.102 or a patient or resident of a facility licensed under chapter 395, chapter 400, or chapter 429.
(h) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
(i) Section 817.234, relating to false and fraudulent insurance claims.
(j) Section 817.481, relating to obtaining goods by using a false or expired credit card or other credit device, if the offense was a felony.
(k) Section 817.50, relating to fraudulently

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(ZZ815)	Continued From page 2 obtaining goods or services from a health care provider. (l) Section 817.505, relating to patient brokering. (m) Section 817.568, relating to criminal use of personal identification information. (n) Section 817.60, relating to obtaining a credit card through fraudulent means. (o) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (p) Section 831.01, relating to forgery. (q) Section 831.02, relating to uttering forged instruments. (r) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (s) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (t) Section 831.30, relating to fraud in obtaining medicinal drugs. (u) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony. (v) Section 895.03, relating to racketeering and collection of unlawful debts. (w) Section 896.101, relating to the Florida Money Laundering Act. If, upon rescreening, a person who is currently employed or with a licensee and was screened and qualified under s. 435.04 has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible	(ZZ815)		

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(ZZ815)	Continued From page 3 to apply for an exemption and the exemption request is received by the agency no later than 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: 1. Does not have an active professional license or certification from the Department of Health; or 2. Has an active professional license or certification from the Department of Health but is not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria	(ZZ815)		

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(ZZ815)	Continued From page 4 relating to retaining ⌣ , pursuant to s. 943.05(2). (8) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06 Exclusion from employment.- (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an	(ZZ815)		

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(ZZ815)	Continued From page 5	(ZZ815)		

exemption for the disqualification by the agency as provided under s. 435.07.
(b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter.
(c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.
(d) An employer may hire an employee to a position that requires background screening before the employee completes the screening process for training and orientation purposes. However, the employee may not have direct contact with persons until the screening process is completed and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment.
(3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including , if required, must be disqualified for employment in such position or, if employed, must be dismissed.
(4) There is no reemployment assistance or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter,

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(ZZ815)	Continued From page 6 terminates the person against whom the report was issued or who was , regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02 Definitions.-For the purposes of this chapter, the term: (2) "Employee" means any person required by law to be screened pursuant to this chapter, including, but not limited to, persons who are contractors, licensees, or volunteers. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure that 1 of 2 sampled staff (Staff C) who provided personal care services for residents was in compliance with the Level II criminal background screening requirement. The findings included: On at 8:30 AM, Staff C was observed in sole charge of seven (7) current residents at the facility. Staff C stated during interview at this time that she had not obtained , for a background screening to be completed for this facility or any other facility, and that she was "helping out since Friday ( )" at the facility, and that the Administrator would return to answer any questions. She provided this writer with the medication and resident records for Residents #3 and #5. When asked for her personal information to check the Clearinghouse website for a criminal background screening, she stated she did not want a search completed and did not provide her date of birth or social security number. During review of personnel files on this date, no documentation of a criminal background screening for Staff C could be found.	(ZZ815)		

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{ZZ815}	Continued From page 7 The Administrator was notified of these findings on at 9:30 AM. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey completed on .	{ZZ815}		
{ZZ816}	408.809(2) 435.05(2) 59A-35.090(2d-3b) Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ب , to the Federal Bureau of Investigation for a national criminal history record check unless the person's ب , are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ب , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ب , electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ب , to the Federal Bureau of Investigation for a national criminal history record check. The ب , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national	{ZZ816}		

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{ZZ816}	Continued From page 8	{ZZ816}		

retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that:
(a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section;
(b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and
(c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.

435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers:
(2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if for any of the disqualifying offenses while employed by the employer.

59A-35.090 Background Screening.

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{ZZ816}	Continued From page 9 (d) Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , , herein incorporated by reference, must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. The Attestation of Compliance is available at https://www.flrules.org/Gateway/reference.asp?No=Ref-17724, and available from the Agency for Health Care Administration's website at: https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-central-services/background-screening/additional-information/regulations. (e) An administrator or chief financial officer must be screened and qualified prior to , , to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, correspondence will be sent to the individual being screened requesting the report and court disposition information. Pursuant to Section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with Section 435.06(3), F.S.	{ZZ816}		

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{ZZ816}	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed ensure an Affidavit of Compliance with Background Screening Requirements (AHCA Form 3100-0008) was signed and maintained on file for 1 of 2 sampled staff (Staff C). The findings included: Staff C was observed in sole charge of seven (7) current residents at the facility on at 8:30 AM. During employee record review on for Staff C, no Affidavit of Compliance with Background Screening Requirements could be found. Staff C stated during interview at 8:30 AM on that she was "helping out since Friday ( )" and that the Administrator would return to answer any additional questions. The Administrator was notified of these findings on at 9:30 AM. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey completed on .	{ZZ816}		
{ZZ875}	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's	{ZZ875}		

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{ZZ875}	Continued From page 11 or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.	{ZZ875}		

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{ZZ875}	Continued From page 12	{ZZ875}		

(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information, and stress management.
3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training"

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{ZZ875}	Continued From page 13	{ZZ875}		

means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning ,, chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year.
(f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request.
2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.
(7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant.
(8) For a health care practitioner as defined in s. 456.001, training hours completed as required

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	AL11969281	A. BUILDING: _____ B. WING _____	R 04/13/2026

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{ZZ875}	Continued From page 14 under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , , must complete the training required in this section before , , . Proof of completion of equivalent training completed before , , , shall substitute for the training required in subsection (4). Each person employed, , , or referred to provide services on or after , , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure 1 of 1 sampled employees (Staff C) had received basic written information about interacting with persons who have and Related (ADRD) upon beginning employment. The findings included: On at 8:30 AM, Staff C was observed in sole charge of seven (7) current residents at the facility. Staff C stated during interview at this time that she was "helping out since Friday ( )" at the facility, and that the Administrator would return to answer any additional questions. Staff C was asked if she had any training documentation available for review. She stated she had no personnel file with documented trainings available for review at this time. The Administrator was notified of this finding on at 9:30 AM. The facility provided no	{ZZ875}		

Agency for Health Care Administration

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{ZZ875}	Continued From page 15 additional information for review at the time of the survey. This is an uncorrected deficiency from the survey completed on .	{ZZ875}		

Agency for Health Care Administration

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{A 078}	59A-36.010(2) FAC Staffing Standards - Staff (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}		

AHCA Form 3020-0001

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

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{A 078}	Continued From page 1	{A 078}		

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 59A-36.011, 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 interviews, the facility failed to ensure 2 of 2 sampled employees (Staff A and B) submitted an annual negative ( ) statement by a health care provider.

The findings included:

Review of the personnel files for Staff A and B on revealed no statement by a health care provider dated within the previous year that they were free from .

On at 9:20 AM, the Administrator was

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{A 078}	Continued From page 2 notified of these findings. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey conducted on . Class III	{A 078}		
{A 084}	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques,	{A 084}		

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{A 084}	Continued From page 3	{A 084}		

including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including:
a. Assist with oral dosage forms, , dosage forms, and , , , and dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection;
i. Assist with ;

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{A 084}	Continued From page 4 j. Use a ⌄ to perform ⌄ testing; k. Assist residents with ⌄⌄ and continuous positive airway pressure (CPAP) devices, excluding the titration of the ⌄⌄ levels; l. Apply and remove stockings and hosiery; m. Placement and removal of ⌄ bags, excluding the removal of the ⌄ or manipulation of the site; and, n. Measurement of , , rate, temperature, and , ⌄ rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training	{A 084}		

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{A 084}	Continued From page 5 provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on record review and a staff interview, the facility failed to ensure unlicensed staff had completed two (2) hours of training annually in assisting with self-administration of medication for 2 of 2 sampled staff (Staff B & the Administrator). The findings included: Review of the personnel files for Staff B and the Administrator on revealed no training certificates in self-administration of medication dated within the previous year. The last training certificates on file were for six (6) hours, completed on and respectively. On at 9:20 AM, the Administrator was notified of these findings. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey conducted on . Class III	{A 084}		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. 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	A 160		

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A 160	Continued From page 6 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 , ; 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 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (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 described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required	A 160		

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A 160	Continued From page 7 in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , 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 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, 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 429.435, 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. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement	A 160		

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A 160	Continued From page 8 response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to maintain an admission and discharge log containing all current residents, and with documented discharge dates of all previous residents, including the place they were discharged to. The findings included: On at 9:25 AM, the admission and discharge log was received from the Administrator upon request. The log contained the following errors and omissions: a. Resident #3 was admitted to the facility on but was not listed. b. Resident #7 was listed twice, both with discharge dates, the last date . There was no readmission date or entry to indicate she was a current resident, or that she had returned. c. Resident #8 (previous resident) was listed with an admission date of and no discharge	A 160		

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A 160	Continued From page 9 date. d. Resident #9 (previous resident) was listed with an admission date of and no discharge date. The Administrator was notified of these findings on at 9:30 AM. The facility provided no additional information for review at the time of the survey. Class	A 160		
{A 161}	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C.,	{A 161}		

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{A 161}	Continued From page 10 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity ␣ to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to maintain a personnel file containing the required components for 1 of 3 staff (Staff C). The findings included: A. During review of the employee files on ␣. Staff C had no documentation that could be found showing evidence of compliance	{A 161}		

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{A 161}	Continued From page 11 with a Level 2 criminal background screening and attestation, compliance with pre-service or /First Aid training requirements, or an employment application with references. B. The Administrator was asked for the facility's written work schedule showing the patter of direct care staff hours worked in a 24-hour period on at 9:20 AM. The Administrator was not able to locate a written 24-hour work schedule at the time of the survey, and stated that the Manager of her other facility was "working on it". The Administrator was notified of these findings on at 9:25 AM. The facility provided no additional documentation for review at the time of the survey. This is an uncorrected deficiency from the survey conducted on . Class III	{A 161}		
A 162	59A-36.015(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, 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	A 162		

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A 162	Continued From page 12 of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, 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 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), 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. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that ◡ not be taken. (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 59A-36.006, 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 the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.	A 162		

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A 162	Continued From page 13 (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, 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 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but	A 162		

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A 162	Continued From page 14 who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (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 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to maintain on the premises a record for 1 of 1 sampled residents (Resident #3) with all required components. The findings included: On at 8:40 AM, the records for Resident #3 were requested from Staff C, then again from the Administrator at 9:10 AM. There was no record for this resident available for review. The Administrator stated during interview at this time that the resident was admitted to the facility on . The following information was not available for review: resident demographic information, health insurance information, representative contact information, health care provider, medication or ( ) orders, informed consent for unlicensed staff to provide medication or a contract between the	A 162		

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A 162	Continued From page 15 resident at the facility. The Administrator was notified of this findings on at 9:30 AM. The facility provided no additional information for review at this time. Class III	A 162		
{A 164}	59A-36.015(4) FAC; 429.35(1) & (3) FS Records - Inspection Availability 59A-36.015 (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. 429.35 Maintenance of records; reports.- (1) Every facility shall maintain, as public information available for public inspection under such conditions as the agency shall prescribe, records containing copies of all inspection reports pertaining to the facility that have been issued by the agency to the facility. Copies of inspection reports shall be retained in the records for 5 years from the date the reports are filed or issued. (3) Every facility shall post a copy of the last inspection report of the agency for that facility in a	{A 164}		

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{A 164}	Continued From page 16 prominent location within the facility so as to be accessible to all residents and to the public. Upon request, the facility shall also provide a copy of the report to any resident of the facility or to an applicant for admission to the facility. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to post a copy of the last inspection report from the Agency in a prominent location within the facility so as to be accessible to all residents and to the public. The findings included: During tour of the facility on at 9:10 AM, a survey report dated 2019 for the facility was observed on a bulletin board in the entry way. There were no inspection reports for the last 2 years located at this time. The Administrator was notified of this finding at 9:25 AM on . This is an uncorrected deficiency from the survey conducted on . Class	{A 164}		
{A 000}	Initial Comments An unannounced revisit to the Relicensure survey was conducted on , at Savorah ALF II LLC. The facility corrected the previously cited deficiencies (Z 814 and A 0093). The facility had uncorrected deficiencies (Z 815, Z 816, Z 875, A 0004, A 0050, A 0052, A 0054, A 0056, A 0078, A 0079, A 0081, A 0083, A 0084, A 0161 and A 0164) and new deficiencies (A 0025, A 0058, A	{A 000}		

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{A 000}	Continued From page 17 0160 and A 0162} identified at the time of the visit.	{A 000}		
{A 004}	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that	{A 004}		

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{A 004}	Continued From page 18 traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to maintain six (6) or less residents for which it is licensed to care for. The findings included: On at 9:30 AM, seven (7) residents were observed at the facility. Staff A stated during interview at this time that she had worked at the facility since and that there were seven (7) current residents (Residents #1-#7). On at 8:30 AM, seven (7) residents were observed again at the facility with a person (Staff C) present who identified herself by name only and stated she was "helping out since	{A 004}		

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{A 004}	Continued From page 19 {Friday)" at the facility. Review of the , Medication Observation Records (MORs) showed Residents #2-#6 were receiving assistance with self-administration of medication daily from staff at the facility. Resident #1 stated during interview on at 11:15 AM that he continues to self-administer his medication without assistance as determined during a previous survey conducted on . Resident #7's representative stated during interview on at 10:00 AM that she continues to refuse any medication, and has not received any assistance with this since at least 2018. Review of the current residents' MORs revealed a previous resident (Resident #3) was no longer at the facility, and that a new resident had been admitted in his place, current Resident #3. During interview with Resident #3 on at 9:00 AM, he stated he moved into the facility on Friday ( ). He was observed holding a souffle cup of 12 pills at this time, and stated that the staff gave him his medication. Observation of the facility's centrally stored medications revealed multiple pill bottles with this resident's name on them. The Administrator confirmed during interview on at 9:15 AM that Resident #3 had moved in to the facility on . The Administrator was informed of these findings on at 1:00 PM. She stated that Resident #7 was a "day care client" and did not spend the night at the facility. During interview with this resident's representative on at 10:00 AM, she stated that she lives in Massachusetts and the resident lives at the facility full time, and has for multiple years. The Administrator was again informed of the	{A 004}		

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{A 004}	Continued From page 20	{A 004}		

overcapacity with seven (7) current residents on at 9:15 AM. She stated again that Resident #7 is a "day care client", and called the resident's representative. When the representative did not confirm that the resident did not live there, and stated she had to get off of the phone, the Administrator asked the resident what her address was. The resident responded with an address in Jensen Beach, FL. When requested, the Administrator did not have any documentation showing the resident resided elsewhere.

Review of a previous survey completed on revealed this resident was returned to the facility after eloping on and , found after she attempted to walk to her previous residence in Jensen Beach, Florida. The local law enforcement report notes that on , the Administrator reported the resident missing, and notes the resident's home address as the same as the facility's. The survey report on documents that the resident was admitted on . The resident's health assessment (AHCA Form 1823) dated was noted in the report that she was diagnosed with , high , , and , . Review of this health assessment indicated that the resident was independent with all of her activities of daily living and required daily oversight of her whereabouts and with her wellbeing. Review of the facility's admission and discharge log shows the resident had been admitted twice, the last time on , with a discharge date listed as to "family".

It could not be determined why the facility continued to maintain seven (7) residents when their license allows for six (6).

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{A 004}	Continued From page 21 This is an uncorrected deficiency from the survey conducted on . Class III	{A 004}		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall 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 must notify the resident's representative or designee of the need for health care services and must assist in making . , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. 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	A 025		

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A 025	Continued From page 22 resident diets in accordance with Rule 59A-36.012, 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. (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 record review and interviews, the facility failed to ensure 7 of 7 (Residents #1-#7) current sampled residents were supervised by an employee of the facility. The findings included: On at 8:30 AM, Staff C was observed in sole charge of seven (7) current residents at the facility. Staff C stated during interview at this time that she was "helping out since Friday ( )" at the facility, and that the Administrator would return to answer any additional questions. Staff C was asked if she had any training documentation	A 025		

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A 025	Continued From page 23 available for review. She stated she had no personnel file with documented trainings available for review at this time. When asked if this writer and another surveyor could review her criminal background screening on the Clearinghouse website, she provided her name only with no date of birth or social security number. It could not be determined if Staff C was trained in Pre-Service Orientation, First Aid and/or , had an "eligible" status with a criminal background screening, was trained in the facility's Do Not Rescusitate Orders Policy and Procedure, or had references checked prior to supervising residents at the facility. The Administrator was notified of this finding on at 9:30 AM. The facility provided no additional information for review at the time of the survey. Class III	A 025		
{A 050}	429.256(2&6) FS;59A-36.008(1) FAC Medication - Self Administered Medications 429.256 (2) Residents who are capable of self-administering their own medications and performing other tasks without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. An unlicensed person may also provide assistance with other tasks specified in subsection (6). Assistance with	{A 050}		

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{A 050}	Continued From page 24 self-administration of medication or such other tasks by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, , dosage forms, patches, and , , , and dosage forms including solutions, suspensions, sprays, and inhalers. (6) Assistance with other tasks includes: (a) Assisting with the use of a to perform level checks. (b) Assisting with putting on and taking off stockings. (c) Assisting with applying and removing an but not with titrating the prescribed settings. (d) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (e) Assisting with measuring vital signs. (f) Assisting with bags. 59A-36.008 Pursuant to sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule. (1) SELF ADMINISTERED MEDICATIONS. (a) Residents who are capable of self-administering their medications without assistance must be encouraged and allowed to do so.	{A 050}		

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{A 050}	Continued From page 25 (b) If facility staff observes health changes that could reasonably be attributed to the improper self-administration of medication, staff must consult with the resident concerning any problems the resident may be experiencing in self-administering the medications. The consultation should describe the services offered by the facility that aid the resident with medication administration through the use of a pill organizer, through providing assistance with self-administration of medications, or through administering medications. The facility must contact the resident's health care provider when observable health changes occur that may be attributed to the resident's medications. The facility must document such contacts in the resident's records. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure prescription medication was disbursed according to the orders from the residents' health care providers for 1 of 5 sampled residents (Resident #3). The findings included: During review of the , Medication Observation Records (MORs) on , there was no MOR found for Resident #3. During interview with Resident #3 on at 9:00 AM, he stated he moved into the facility on Friday ( ). He was observed holding a souffle cup of 12 pills at this time, and stated that the staff gave him his medication. Observation of the facility's centrally stored medications revealed multiple pill bottles with this resident's name on them. The Administrator confirmed during interview on at 9:15 AM that Resident	{A 050}		

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{A 050}	Continued From page 26 #3 had moved in to the facility on , and that there was no MOR used to document any of the resident's provision of medication by unlicensed staff, or orders to follow for which medications were to be given to the resident. Additionally, there was no consent signed by the resident on file for unlicensed staff to provide the resident with medication. The facility provided no additional information for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 050}		
{A 052}	429.256( ); 59A-36.008(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, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and	{A 052}		

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{A 052}	Continued From page 27	{A 052}		

dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.
(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 .
(4) Assistance with self-administration of medication does not include:
(a) Mixing, , converting, or 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) The use of irrigations or debriding agents used in the treatment of a skin condition.
(f) Assisting with , , or preparations.
(g) Assisting with medications ordered by the physician or health care professional with

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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 the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.
(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.
(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.

59A-36.008
(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 59A-36.011, 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 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication 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

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{A 052}	Continued From page 29 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. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) 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. (h) All trained staff must adhere to the facility's control policy and procedures when	{A 052}		

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{A 052}	Continued From page 30 assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and a staff interview, the facility failed to ensure unlicensed staff provide assistance with self -administered medications in accordance with procedures described in Section 429.256 of the Florida Statutes for 2 of 2 sampled residents (Residents #3 and #5). The findings included: A. On at 8:30 AM, Staff C (unlicensed staff member) was observed in sole charge of seven (7) current residents. Resident #3 was observed holding a souffle cup of 12 pills while walking into the kitchen from his bedroom at 9:00 AM on . During interview with the resident at this time, he stated he moved into the facility on Friday ( ) and that the staff gave him his medication. Observation of the facility's centrally stored medications at 9:20 AM on revealed multiple pill bottles with this resident's name on them. The Administrator confirmed during interview on at 9:15 AM that Resident #3 had moved in to the facility on , and that she had "told staff" that they need to watch residents take their medication and document it. She also acknowledged at this time that she was the person who gave both Residents #3 and #5 their medication this morning, but "had to leave". B. On at 8:50 AM, Resident #5's 9 pills were observed on the dining room table in a souffle cup with the resident's first name written on it in black ink, next to his plate of food served for breakfast. The resident was not present in the	{A 052}		

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{A 052}	Continued From page 31 room, and 6 other residents were ambulating in and out of the kitchen and dining area between 8:30 AM and 9:30 AM on this day. .assisting Resident #2 with self-administration of medication by handing the resident pills contained in a bubble pack labeled to be taken at noon. Staff C stated during interview at this time that she did not have any training documentation on file in assisting with self-administration of medication as she was "helping out since Friday ( )" at the facility. On at 9:15 AM, the Administrator was notified of these findings. The facility provided no additional information for review at the time of the survey. This is an uncorrected deficiency from the survey conducted on . Class III	{A 052}		
{A 054}	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A	{A 054}		

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{A 054}	Continued From page 32 medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ␣ the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was determined the facility failed to ensure the Medication Observation Record (MOR) was up-to-date for 2 of 2 sampled residents (Residents #3 and #5) who required assistance with the self-administration of medication. The findings included: During review of the and , MOR's on at 9:20 AM, the following omissions and errors were identified: 1) Resident #3 a. There was no MOR available for review. The bottles of medication that were available at the facility and used by staff to provide the resident with his pills had labels indicating directions for use, but the medications had not been written on a MOR. These medications included ,	{A 054}		

Agency for Health Care Administration

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{A 054}	Continued From page 33 , , , Descovy, , , , , , , , Rosuvastatin, , , Pregabalin, , , , and . The Administrator confirmed during interview on at 9:15 AM that Resident #3 had moved in to the facility on , and that she had "told staff" that they need to watch residents take their medication and document it. She also acknowledged at this time that she was the person who gave both Residents #3 and #5 their medication this morning, but "had to leave". 2) Resident #5 a. There was no or , MORs completed for this resident's medications. The had 2 initials for , indicating that the Administrator provided the resident with this medication on and . The rest of the listed medication boxes where staff were to note that the resident was provided assistance by signing their initials were blank. These medications included , , , , , , , Hyroxysine, and . The Administrator was notified of these findings on at 9:15 AM. The facility provided no additional information for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 054}		
{A 056}	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS.	{A 056}		

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{A 056}	Continued From page 34 (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the	{A 056}		

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{A 056}	Continued From page 35 resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care	{A 056}		

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{A 056}	Continued From page 36 provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review and an interview, it was revealed that the facility failed to maintain copies of medication orders for 1 of 2 sampled residents (Resident #3). The findings included: Review of Resident #3's medication supply on revealed all of his medications present were not listed on a MOR, including , , , , Descovy, , , , , , , , Rosuvastatin, , , , Pregabalin, , , , and . Staff C was asked for the resident's record on at 9:00 AM, but did not have any record available for review. Upon arrival, the Administrator was asked for the resident's records including medication orders, but there were no orders available for review. The Administrator stated during interview at 9:15 AM on that the resident moved into the facility on . This is an uncorrected deficiency from the survey conducted on . Class III	{A 056}		
A 058	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies	A 058		

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A 058	Continued From page 37 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective	A 058		

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SAVORAH ALF II LLC	2369 SW FERN CIR PORT SAINT LUCIE, FL 34953

(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 058	Continued From page 38 action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to correct class III deficiencies related to medication provision identified during the Revisit to the Relicensure Survey conducted on 04/13/26. The finding included: On 04/13/26, this Assisted Living Facility (ALF) had uncorrected class III deficiencies identified at A 0050, A 0052, A 0054 and A 0056 related to medicinal drugs The facility shall, in addition to or as an alternative to any penalties imposed under Section 429.19, Florida Statute (F.S.), employ the consultant services of a licensed pharmacist or a	A 058		

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A 058	Continued From page 39 licensed registered nurse. The consultant shall provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. A corrective action plan for deficiencies related to assistance with the self-administration of medication must be developed and implemented by the facility within 48 hours after notification of the deficiency. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility must provide the agency with quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff have been trained to ensure that proper medication standards are followed and that such consultant services are no longer required.	A 058		
{A 079}	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168	{A 079}		

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{A 079}	Continued From page 40	{A 079}		

212
16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.
2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.
3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.
5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.
a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement.

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{A 079}	Continued From page 41 b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident	{A 079}		

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{A 079}	Continued From page 42 care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that	{A 079}		

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{A 079}	Continued From page 43 resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure the minimum hours weekly were worked by direct care staff for a census of seven (7) residents. The findings included: On at 8:30 AM, seven (7) residents were observed at the facility with a person (Staff C) present who identified herself by name only and stated she was "helping out since (Friday)" at the facility. A request was made at this time for the written 24 hour staffing schedule but was not located. The schedule showed three (3) shifts daily: 8:00 AM-2:00 PM, 2:00 PM-8:00 PM and 8:00 PM-8:00 AM. There were documented initials of one staff member for each shift. This would equal a total of 168 hours per week. The minimum required minimum weekly hours for direct care staff to work for five (5) residents is 168 hours. The minimum required hours for seven (7) residents	{A 079}		

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{A 079}	Continued From page 44 is 212 hours. The Administrator was notified of these findings on at 9:20 AM. She stated that one (1) resident (Resident #7) was a day care recipient only. During a telephonic interview with Resident #7's representative, the Administrator and this writer on at 9:25 AM, she would not confirm that the resident was a day care resident. The Administrator was not able to locate a written 24-hour work schedule at the time of the survey, and stated that the Manager of her other facility was "working on it". This is an uncorrected deficiency from the survey conducted on . Class III	{A 079}		
{A 081}	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52 (1)(a) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee ' s personnel record. (b) Each assisted living facility employee must complete the training required under s. 430.5025. However, an employee of an assisted living	{A 081}		

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{A 081}	Continued From page 45 facility licensed as a limited mental health facility under s. 429.075 is exempt from the training requirements under s. 430.5025(4)(d). (c) If an assisted living facility employee completes the 1-hour training required under s. 430.5025 before interacting with residents, such training may count toward the 2 hours of preservice orientation required under paragraph (a). (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (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,	{A 081}		

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{A 081}	Continued From page 46 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 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 control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , 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 , , neglect, and , . The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents,	{A 081}		

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{A 081}	Continued From page 47 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. (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 record review and an interview, the facility failed to ensure 1 out of 1 sampled staff (Staff C) had completed 2 hours of Preservice Orientation prior to interacting with residents. The findings included: On at 8:30 AM, Staff C was observed in sole charge of seven (7) current residents at the	{A 081}		

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{A 081}	Continued From page 48 facility. Staff C stated during interview at this time that she was "helping out since " at the facility. .During review of personnel files on , there was no training for Staff C available for review, including a certificate of a 2 hour Preservice Orientation showing completion prior to interacting with residents. The Administrator was notified of these findings at 9:25 AM on . The facility provided no additional documentation for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 081}		
{A 083}	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	{A 083}		

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{A 083}	Continued From page 49 certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure a staff member who has completed courses in both First Aid and was in the facility at all times for 1 of 1 sampled employees (Staff C). The findings included: On at 8:30 AM, Staff C was observed in sole charge of seven (7) current residents at the facility. Staff C stated during interview at this time that she was "helping out since " at the facility. .During review of personnel files on , there was no training for Staff C available for review, including and/or First Aid. The Administrator was notified of these findings at 9:25 AM on . The facility provided no additional documentation for review at this time. This is an uncorrected deficiency from the survey conducted on . Class III	{A 083}		