STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= G
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - 0190 - 58a-5.033(1-2) & (3)(b) Fac - Administrative Enforcement S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on through at Savorah ALF Inc. The facility had deficiencies found at the time of the visit.

This survey preceded complaint inspection CCR# 2014005688 conducted at Antoine, Francois adult family care home, a related facility, see the separate report.

0007-Admissions - Criteria 58A-5.0181(1) FAC

Based on record review and interviews, the facility failed to provide required "informed consent" information to 3 of 3 sampled Residents (#1, #2 and #3) or their legal representatives related to unlicensed assisted living facility (ALF) staff who assist residents with self-administration of medications.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records, including medications and related records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all medications at that location.

During a subsequent complaint inspection conducted at the AFCH, the following concerns were noted:

A review of facility and resident records for Residents #1, #2 and #3 was conducted at the AFCH on Review of their medical examinations documented none of them were able to self-administer medications. Further review revealed no documentation showing the facility provided information advising the resident or their legal representative that ALFs were not required to provide medications by licensed nurses, that residents would receive assistance with self-administration of medications by unlicensed staff, their qualifications to perform this task, and that this process would not be overseen by a licensed nurse.

This was discussed with and acknowledged by the Administrator on at 1:15 PM.

Class III

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interviews, the facility failed to ensure AHCA Form 1823 (medical examinations) were updated with information omitted or clarified by the Health Care Provider (HCP), for 3 of 3 sampled residents (Resdient #1, #2 and #3).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie.

During a subsequent complaint inspection conducted on at the AFCH. A review of the ALF's facility and resident records for Residents #1, #2 and #3 was conducted at the AFCH on revealed the following:

1. Resident #1's medical examination dated did not have an answer on Page 4, Section 2-B, Item B

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

read, "Does the individual need help with taking his or her medications (meds)" and was checked "Yes". The subsequent question, "If yes, please place a checkmark in front of the appropriate box below." had no checkmark to indicate if he needed assistance with self-administration with medications by unlicensed ALF staff or if he needed medication administration performed by a licensed nurse. Further record review failed to indicate any documentation regarding the aforementioned missing information.

2. Resident #2's medical examination dated on Page 5, Section 2-B, Item B, "Does the individual need help with taking his or her medications (meds)" was checked "Yes". The subsequent question, "If yes, please place a checkmark in front of the appropriate box below." had a checkmark to indicate the resident required medication administration performed by a licensed nurse, and not unlicensed ALF staff. Based on observations of the resident conducted and in an interview conducted at 1:20 PM with the Administrator, the medical examination was incorrect, it should have indicated the resident required assistance with self-administration of medication. Further record review failed to indicate any documentation regarding the aforementioned missing information.

3. Resident #3's medical examination was:
a. Not dated by the HCP conducting the examination.
b. There was no answer on Page 4, Section 2-B, Item B, "Does the individual need help with taking his or her medications (meds)". The subsequent question, "If yes, please place a checkmark in front of the appropriate box below." was not answered either. Based on observations of the resident conducted and in an interview conducted at 1:20 PM with the Administrator, the medical examination should have indicated the resident required assistance with self-administration of medication.
c. Page 2, Section 1, Item D read, "In your professional opinion, can this individual's needs be met in an assisted living facility ..." was not answered.
d. Page 5, Section 3, "Services offered or arranged by the facility for the resident" which lists the "needs identified, service needed, service frequency and duration, service provider name, and date service began" were all left blank. Further record review failed to indicate any documentation regarding the aforementioned missing information.

These concerns were discussed with and acknowledged by the Administrator on at 1:25 PM.

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observations, interviews and record review, the facility failed to provide appropriate care and services to 3 of 3 sampled Residents (#1, #2 and #3) accepted for admission by the facility. As evidence of the three residents found unsupervised, with no staff member present, and are brought to the owner's adult family care home for adult day care services in a setting not eligible or licensed for adult day care services.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

a) An attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. Resident #1 answered the door, this writer identified herself as an Agency Surveyor and was allowed entrance to the home. Resident #1 stated he did not work there and left the area.

At 7:59 AM, quiet activity was heard coming from the kitchen, this writer called out and Resident #2 responded and introductions were made. She stated she doesn't work there but the owner should be here for them soon and she left the area.

At 8:01 AM Resident #3 entered the front . introductions were made. He stated he doesn't work there but the owner should be here for them soon.

Residents #2 and #3 returned to the front dining soon thereafter. A plurality of the three residents provided the following information. The "owner" (Administrator) was expected to arrive with her van soon, usually around 8:00 AM and 9:00 AM, and would take them to the other house for breakfast and medications. They would spend their day at the other house, run errands or go to medical or other appointments with the Administrator, have their meals at the other house, and be dropped off back here at the end of the day, around 8:00 PM to 8:30 PM. They recall someone else used to stay with them during at night but all three stated she had not worked there in weeks. Resident #1 recalled the staff member stopped working there shortly after he moved in, around early and there had been no one else here since. Resident #2 stated she quit without notice. They all stated the Administrator did stay overnight at times in the past. All three residents confirmed they are left alone in the facility upon return from the AFCH daily until the next morning.

On at 8:10 AM, Resident #2 asked if this writer was from the "FACT" team. She then began a verbal rant related to her court-ordered ALF stay had expired and she should be able to live on her own. She then started a verbal rant related to allegations that Resident #3 is a Nazi and is going to kill her and persecute her because she's Jewish. She stated she had not reported it to anyone. Resident #3, present at the time, shook his head and stated he's Christian, she does this from time to time, the Administrator knows, everyone knows, we just let her have her say, sometimes we think she doesn't know what she's saying. A subsequent review of Resident #2's record confirmed Resident #3's statements.

On at 8:15 AM, this writer called and left a message on the facility telephone number, no call back was received. On at 8:59 AM, the facility's Administrator arrived. She stated she did not get the telephone message.

The Administrator arrived at the ALF on at 8:59 AM. In an interview conducted at that time, she provided the following information. She had an errand to run and was coming right back. She denied a live-in staff member had quit but acknowledged the three residents had been left alone. She maintained and stored all facility and resident records, including medications and related records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. The residents spend their days at

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the AFCH and take all medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey. She and the three residents left the facility in a van on at 9:35 AM. Surveyor also left the premises, unable to conduct the ALF relicensure survey. The surveyor, also confirmed through observations and interviews, prior to the arrival of the Administrator that there were no staff members present in the facility.

b) During a subsequent complaint inspection conducted at the AFCH, the following concerns were noted related to the care and services received by the three ALF residents:

1. On , this writer arrived at the AFCH at 9:55 AM. The reason for the inspection was discussed with the Administrator. At 9:58 AM, the Administrator stated she needs to go now. At 10:38 AM, the Administrator left in a van with two ALF residents (#1 and #3) and two AFCH residents. In an interview conducted at 10:20 AM with the four residents in the van, one of the ALF residents stated he had a medical appointment (Resident #1), the other ALF Resident (Resident #3) said he was going along for the ride. The two AFCH residents stated they had health-related appointments. Earlier in the day, the Administrator stated two of the ALF residents (Resident #2 and #3) had medical appointments but only Resident #1 went for a medical appointment. The other three AFCH residents and Resident #2 stayed at the AFCH in the care of Employee B.

In an interview conducted on at 10:45 AM, Employee B stated she has worked on and off at the AFCH for about two months. She stated she assists the residents with their medications, makes their meals and assists with any other resident needs, she also does some cleaning. She further stated she usually works 2-3 hours when the Provider needs her and she stays at the AFCH 2-4 nights a month when the Provider goes to the ALF.

In an interview conducted at 2:45 AM, the Provider/Administrator stated she did not have a personnel filed for Employee B. In an interview conducted at 3:54 PM, the Administrator acknowledged the above concerns.

2. The Administrator arranged for and required Residents #1, #2 and #3 to be left alone at the ALF without required supervision for multiple nights from the hours of around 8:00-8:30 PM and 8:00-9:00 AM. Review of current medical examinations for all three residents document all three need daily monitoring of whereabouts and well-being. Resident #2 was assessed as and has a history of elopement, this was cited under A032 herein.

In an interview conducted at 8:59 AM, the Administrator stated Employee A was a live-in staff member at the ALF. In an interview conducted at 3:54 PM, the Administrator acknowledged the above concerns. In an interview conducted at 10:53 AM, Employee A stated she worked at this ALF for one week in early 2014.

3. The facility was cited under A0079 for inadequate provision of caregiver hours herein. The three ALF residents were transported to and stayed at the AFCH during the day and were being left alone at the ALF at night. The facility was unable to provide any evidence of a 24 hour staffing pattern for the facility.

In an interview conducted at 3:54 PM, the Administrator acknowledged the above concerns.

The facility failure to provide adequate supervision to the 3 residents (Resident #1, #2 and #3) during the hours

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

of approximately 8:30 PM to 8 AM, on a daily basis directly threatens the physical, emotional health, safety and security of the residents.

Class II

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interviews, the facility failed to implement required elopement procedures, for 1 of 1 sampled residents (Resident #2) identified as having a history of elopements and being identified by the physician as an elopement risk.

The findings include:

a) An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals and medications at that location.

b) During a subsequent complaint inspection conducted at the AFCH, the current location of the 3 ALF residents (Resident #1, #2 and #3), the following concerns were noted:

Resident #2 was 1 of 3 residents for who it was determined, based on observations, interviews and record review, were not provided required supervision at night. She was observed on multiple occasions during the day on she made unusual and unfounded statements related to other residents, she was heard yelling loudly at herself while alone in the . She made multiple statements expressing her desire and rights to live on her own and feeling threatened by other residents.

c) A review of facility and resident records for Resident #2 was conducted at the AFCH on . Resident #2 was admitted to the facility on . Review of facility and her records conducted revealed the following:

1. A AHCA Form 1823 (medical examination) documented the following:

a. Page 4, Section B, General Oversight documented, "observe well-being daily ... [Resident #2] requires supervision day to day to ensure that she is managing as expected ... observe whereabouts daily [Resident #2] becomes easily distracted, has eloped in the past with law enforcement awareness. She is prone to getting into cars with strangers and giving her money away."

b. She has a long history of mental illness, type with angry outbursts with a history of paranoia, feelings of being persecuted, and fear of people breaking into her , raping her, or stealing from her. Pertinent diagnoses included: she is a cigarette smoker, needs new glasses, is and receives monthly long-acting injections of Invega Sustenna and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

c. She is prone to being an extremely adult and is easily coerced and manipulated by others.
d. Page 5, Section 3, Services offered or arranged by the facility for the resident, specifically the sections for "Needs identified, service needed, service frequency and duration, service provider name, and date service began" were all left blank.

In an interview conducted at 2:10 PM, the ALF Administrator acknowledged the above medical examination information and stated she did not know Resident #2 was assessed as an elopement risk or had any history of elopement. She was asked if she had any pictures of Resident #2 since she was identified as an elopement risk. She stated that she did not have any pictures of this resident available for staff or law enforcement; staff had not been alerted to this care need. She also confirmed the resident did not have the required identification (including resident and facility names, and the facility's address and telephone number) on her person, she confirmed staff did not check this on a daily basis.

Refer to A 0025 and A 0079, for additional findings.

The facility failure to provide adequate supervision to a resident identified as an elopement risk, during the hours of approximately 8:30 PM to 8 AM, on a daily basis; directly threatens the physical, emotional health and safety of this resident.

Class II

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observations and interview, the facility failed to ensure unlicensed staff assisted residents with self-administration of medications followed required standards of practice, for 1 of 1 sampled residents observed during the medication pass (Resident #2).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all medications at that location.

During a subsequent complaint inspection conducted at the AFCH, the following concern was noted:

During medication review conducted at 2:25 PM with the ALF Administrator present at the AFCH, Resident #2 approached the Administrator and the Administrator dropped a pill from a pill cup into the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

resident's hand. The resident was observed to close her hand around the pill and walk outside the patio door to the backyard, out of the Administrator's sight. In an interview conducted at 2:27 PM, the Administrator was asked and stated she had given Resident #2 her 2:00 PM dose of and the resident refuses to take it with water. She denied the resident did not take the pill before exiting the home. She acknowledged this was not the appropriate method of assisting residents with self-administration of medications.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observations and interview, the facility failed to ensure daily medication records (MORs) were maintained, for 2 of 3 sampled residents (Resident #1, #2 and #3) and were stored at the assisted living facility (ALF).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records, and all resident medications, at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all medications at that location.

1. In an interview conducted at 8:59 AM, the Administrator confirmed MORs were not stored at the facility, but at the AFCH.

During a subsequent complaint inspection conducted at the AFCH, the following concerns were noted:

2. During medication review for Resident #2, the following concerns were noted on her 2014 MOR:
a. There were no initials indicating the following doses were received:
i. - AM dose (to be dc'd)
ii. - PM dose
iii. - PM dose
- PM dose and AM dose
b. An order for had no initials for and was not marked as discontinued
c. There were no Health Care Provider (HCP) orders for the and entries.
d. has a "pharmacy note" which disclosed discontinue on but there was no written HCP order available for review. In an interview conducted at that time, the Administrator stated the order should have been clarified.
Also, her medical examination dated included an order for Invega Sustenna 234 milligrams injected every four weeks via the FACT nursing but it was not on documented on her 2014 MOR,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

there was no other related documentation available for review. On at 11:15 AM, Resident #2 stated she gets monthly shots. In an interview conducted at 9:39 AM, Resident #2's Case Manager confirmed she gets monthly shots.

3. During medication review for Resident #3, the following concerns were noted on his 2014 MOR:
a. AM dose was not initialed as given
b. PM dose and AM doses were not initialed as given
c. and were not initialed as any doses given in 2014.
d. There was no HCP order or no matching written HCP orders for or Proair.
Also, his undated medical examination included an order for Invega Sustenna 234 milligrams injected every four weeks via the FACT nursing but it was not on documented on his 2014 MOR, there was no other related documentation available for review. On at 8:50 AM, Resident #3 stated he gets monthly shots. In an interview conducted at 1:51 PM, Resident #3's Case Manager confirmed he gets monthly shots.

These concerns were discussed with and acknowledged by the facility's Administrator on at 2:41 PM. She also confirmed Resident #1, #2 and #3 were residents of the ALF and not the AFCH and that all medications are provided at the AFCH.

Class III

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

Based on observations and interview, the facility failed to ensure medications for residents who received assistance with self-administration were stored at the assisted living facility (ALF), for 3 of 3 sampled residents (Resident #1, #2 and #3). As evidence of the medications being stored off-grounds at an AFCH owned and operated by the Provider/Administrator.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she stored all resident medications at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. There were no medications available at the ALF for review or to be provided to the 3 residents residing at the facility. The Administrator confirmed all 3 residents required and received medications.

During a subsequent complaint inspection conducted at the AFCH, the medications were observed stored at the AFCH. This was discussed with an acknowledged by the ALF Administrator on at 3:54 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observations, record review and interviews, the facility failed to ensure adequate levels of caregiver hours were provided for a census of 3 residents.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals and medications at that location.

During a subsequent complaint inspection conducted at the AFCH, the following concern was noted. In an interview conducted at 8:59 AM, the Administrator stated Employee A was a live-in staff member at the ALF. She acknowledged the required weekly hours for three residents was 168 hours.

Upon request of the facility staffing schedule, it was revealed no schedule was available for review. Therefore, it could not be determined the facility is maintaining the required weekly staffing hours of 168 hours for a 24 hour staffing pattern at the ALF.

Class III

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

Based on record review and interview, the facility failed to ensure staff received the required in-service training within 30 days from date of hire, for 2 of 3 sampled staff files reviewed (Employee A and Employee B).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator (Employee C) arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals and medications at that location.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	**06/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	**2314 Sw Ranch Avenue Port Saint Lucie, FL 34953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

During a subsequent complaint inspection conducted at the AFCH, the ALF's employee files were reviewed, the following concerns were noted:

Review of staff files was conducted at 3:54 PM with the ALF Administrator present.

1. Review of Employee A's staff record revealed she was hired Further review of her record revealed no documentation indicating, she had received the required in-service training in the following subjects/topics:
a. control
b. ADLs and resident behavior
c. Elopements
d. Emergencies and evacuation
e. Reporting adverse and major incidents
f. Resident rights

2. Upon request of Employee B's personnel file from the Administrator, she stated she did not have a file for this employee. She further stated she did not have any evidence of training for this employee. According to the Administrator , Employee B's date of hire was Employee B did not have the required in-service training in the following subjects/topics:
a. control
b. ADLs and resident behavior
c. Elopements
d. Emergencies and evacuation
e. Reporting adverse and major incidents
f. Resident rights
g. neglect and

This was discussed with and acknowledged by the ALF Administrator on at 3:54 PM. She also confirmed both she and Employee A and B provide direct care to residents of the ALF.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure at least one staff was present at all times that had received current training in first aid, for 2 of 2 sampled staff files reviewed (Employee A and the Administrator).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals and medications at that location.

During a subsequent complaint inspection conducted at the AFCH, it was revealed all employee files were maintained at this facility. Upon request and review of employee files, the following concerns were noted:

Review of staff files was conducted at 3:54 PM with the ALF Administrator present.

1. Review of Employee A's staff record revealed no documentation showing she received the required training in first aid. In an interview conducted at 10:53 AM, Employee A stated she worked at this ALF for one week in early 2014.

2. Review of the ALF Administrator's staff record revealed a certificate in first aid training dated provided by an organization. There was no documentation showing the training was conducted by an accredited college, university or vocational school, a licensed hospital, the American Red Cross, American Association, or National Safety Council, or a provider approved by the Department of Health.

This was discussed with and acknowledged by the ALF Administrator on at 3:54 PM. She also confirmed both she and Employee A provide direct care to residents of the ALF.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure unlicensed staff who assist resident with self-administration of medications received the required training, for 2 of 3 sampled staff files (Employee A and the Administrator).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator (Employee C) arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
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Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

stated the residents spend their days at the AFCH and take all medications at that location.

During a subsequent complaint inspection conducted at the AFCH, it was revealed all employee files were maintained at this facility. Upon request and review of employee files the following concerns were noted:

Review of staff files was conducted at 3:54 PM with the ALF Administrator present.

1. Review of Employee A's staff record revealed a certificate dated for training in assistance with self-administration for 2 hours. Further review revealed no documentation showing she received the training by a Registered Nurse or a licensed Pharmacist. In an interview conducted at 10:53 AM, Employee A stated, she worked at this ALF for one week in early 2014 and she did assist residents to take their medications.

2. Review of the ALF Administrator's staff record revealed a certificate dated for training in assistance with self-administration for 2 hours. Further review revealed no documentation showing she received the training by a Registered Nurse or a licensed Pharmacist.

This was discussed with and acknowledged by the ALF Administrator on at 3:54 PM. She confirmed both she and Employee A assisted residents (Resident #1- #3) with self-administration of medications.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC

Based on record review and interview, the facility failed to ensure the staff person responsible for the day-to-day food service operations in the assisted living facility (ALF) received the required annual training.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals at that location.

During a subsequent complaint inspection conducted at the AFCH, it was revealed all employee files were maintained at this facility. Review of staff files was conducted at 3:54 PM with the ALF Administrator present. Upon request of the Administrator's file, the following concerns were noted:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the ALF Administrator's staff record revealed no documentation showing she received the required annual training in nutrition and food service in an ALF by a certified food manager, licensed dietitian, registered dietary technician or health department sanitarian.

This was discussed with and acknowledged by the ALF Administrator on at 3:54 PM. She confirmed she was the staff member responsible for the ALF's day-to-day food service operations.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to ensure staff who provide direct care to residents received the required training in tO's) for 1 of 3 sampled staff files (Employee A).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all meals and medications at that location.

During a subsequent complaint inspection conducted at the AFCH, it was revealed all employee files were maintained at this facility. Upon request and review of employee files the following concerns were noted:

Review of staff files was conducted at 3:54 PM with the ALF Administrator present. Review of Employee A's record revealed she was hired Further review revealed no documentation showing she received the required training in tO's. This was discussed with and acknowledged by the ALF Administrator on at 3:54 PM. She confirmed Employee A provided direct care to the ALF's residents.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, record review and interviews, the facility failed to provide adequate food supplies; plan and date and menus one week in advance; follow dietitian-approved menus; post menus conspicuously for residents; note substitutions to menus prior to serving; and, maintain an emergency supply of food and water. This had the potential to affect all three residents currently living at the assisted living facility (ALF).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
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Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey.

During a tour of the facility conducted at 9:03 AM, the following concerns were noted:

1. The amount of food available in the facility would not have lasted more than a day or two (photographic evidence obtained). There was no evidence of menus dated weekly or evidence of any meal planning one week in advance. There were no menus posted in the ALF for the residents.

2. In an interview conducted at 9:03 AM, the facility's Administrator stated, she did not have any non-perishable food designated as emergency food nor did she have any bottled or other safely-contained water source for emergency use.

3. The residents were not served according to the facility's dietitian-approved menu. The lunch observed served at the AFCH consisted of a meat in sauce served in one or two hamburger buns. A dietitian-approved menu presented called for a menu of soup of the day (six ounces), tuna salad (three ounces), two slices of bread, tomatoes (1/2 cup), fruit cup (1/2 cup).

4. In an interview conducted at 2:07 PM, the ALF Administrator stated she did not have a method to keep track of menu substitutions.

5. There was no emergency supply of food and water at the ALF.

These concerns were discussed with and acknowledged by the ALF Administrator in interviews conducted at 9:03 PM and 2:07 PM.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observations and interviews, the facility failed to ensure existing structural appurtenances were maintained in good working order for 1 of 2 sampled resident (Resident #2's

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A tour of Resident #2's conducted at 8:48 AM with the resident present and consenting. One of the two closet bi-fold doors was off its track and leaning against the door frame. In an interview conducted at that time, she stated the door was broken. She wouldn't verbalize an answer, but nodded her head when asked if she wanted it fixed.

This was brought to the facility Administrator's attention on at 8:59 AM.

Class III

0160-Records - Facility 58A-5.024(1) FAC

Based on a lack of documentation available for inspection, the facility failed to maintain facility records in a required manner for review by a legally authorized entity (AHCA Surveyor). This affects all 3 current residents of the facility.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection.

The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records and medications at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She stated the residents spend their days at the AFCH and take all meals and medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey. She confirmed there were no records available at the ALF related to admissions and discharges, their comprehensive emergency plan, liability insurance, grievances, food service records and menus, Department of Health and fire inspections, elopement policies and procedures or drill records, or agency inspection reports, as required.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on a lack of documentation available for inspection, the facility failed to maintain staff records in a required manner for review by a legally authorized entity (AHCA Surveyor). This affects all 3 current residents of the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection upon arrival.

The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and staff records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She stated the residents spend their days at the AFCH and take all meals and medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey. She confirmed there were no records available at the ALF related to background screenings and affidavits; freedom from signs and symptoms of communicable including required trainings, employment application, or work schedules.

Class III

0162-Records - Resident 58A-5.024(3) FAC

Based on interview and observations, the facility failed to maintain resident records, for 3 out of 3 sampled residents' records (Resident 1, #2 and #3) in a required manner for review by a legally authorized entity (AHCA Surveyor).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection.

The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records and medications at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She stated the residents spend their days at the AFCH and take all meals and medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey. She confirmed there were no records available at the ALF related to resident demographics information; AHCA Form 1823 medical examination; Health Care Provider orders for medications, therapeutic diets, and treatments; advanced directives; significant changes, or other changes requiring additional services; weight records; informed consent related to unlicensed staff who assist residents with self-administration of medications; or resident contracts.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0164-Records - Inspection Availability 58A-5.024(4) FAC

Based on observation and interviews, the facility failed to make required records available for Agency inspection.

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM.

In an interview conducted on at 8:59 AM, the facility's Administrator stated she maintained and stored all facility and resident records, including medications and related records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She confirmed that she had no documentation regarding prior inspections for review. She further stated the residents spend their days at the AFCH and take all medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey.

Class III

0167-Resident Contracts 58A-5.025 FAC

Based on observation, record review and interviews, the facility failed to provide required resident contracts to 3 of 3 sampled Residents (#1, #2 and #3) or their legal representatives prior to their admission to the assisted living facility (ALF).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection. The Administrator arrived on at 8:59 AM. In an interview conducted at that time, she stated she maintained and stored all facility and resident records, including medications and related records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all medications at that location. She confirmed that no residents' contracts were available for review at the ALF.

During a subsequent complaint inspection conducted at the AFCH, it was revealed the contracts were stored at the AFCH and not the ALF. At this time, the residents' contracts were reviewed, the following concerns were noted:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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Savorah Alf Inc	2314 Sw Ranch Avenue Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A review of facility and resident records for Residents #1, #2 and #3 was conducted at the AFCH on None of the three contracts had been filled out beyond the first page. None of the three contracts had been executed by the facility, resident or their legal representative. None of the contract addendums or attachments had been executed.

This was discussed with and acknowledged by the Administrator on at 1:15 PM.

Class III

0190-Administrative Enforcement 58A-5.033(1-2) & (3)(b) FAC

Based on observation and interviews, the facility failed to cooperate with an Agency survey by not making residents, their living areas, or facility or resident records and medications available for Agency inspection at the assisted living facility (ALF).

The findings include:

An unsuccessful attempt to conduct this ALF's biennial standard licensure survey was made on beginning at 7:55 AM. The facility's owner/administrator/designee/or other staff were not present nor available to participate in the inspection.

The Administrator arrived on at 8:59 AM. In an interview conducted on at 8:59 AM, the facility's Administrator stated she maintained and stored all facility and resident records, including medications and related records at her adult family care home, Antoine, Francoise (AFCH), located at 1342 SW Del Rio Boulevard in Port Saint Lucie. She further stated the residents spend their days at the AFCH and take all medications at that location. She further stated she had two residents that had medical appointments, she had no other staff available to take them, and she could not stay for the survey.

During a subsequent complaint inspection conducted on at the AFCH, immediately after the ALF survey attempt (approximately 20 minutes later). It was noted the Administrator and the residents were all at the AFCH and were not taken to any medical appointments as previously stated by the Administrator.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	**06/18/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Savorah Alf Inc	**2314 Sw Ranch Avenue Port Saint Lucie, FL 34953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Savorah ALF Inc
2314 SW Ranch Avenue
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a biennial re-licensure inspection survey conducted on 2014 to , 2014, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **five business days** of receipt of this faxed report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= G
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0164 - 58a-5.024(4) Fac - Records - Inspection Availability S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - 0190 - 58a-5.033(1-2) & (3)(b) Fac - Administrative Enforcement S-S= D

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Directed Corrective Actions:

1. The Assisted Living Facility is required to ensure that a staff member is present at the facility (on grounds) at all times, reflecting 24 hour staff coverage.

2. The Assisted Living Facility is required to develop and maintain an accurate monthly staffing schedule, reflecting the daily staffing pattern for each staff member. This schedule should reflect a 24 hour staffing pattern.

3. The Assisted Living Facility is required to ensure that all staff members receive required in-service trainings, as identified in the attached Statement of Deficiencies, State (5000-3547) Form. And ensure all staff are in compliance with the Level II background screening requirements.

4. The Assisted Living Facility is required to evaluate all current residents (Resident #1-#3) to ensure the continued residency criteria is met and that the facility is able to meet the care needs of each resident (including supervision).

5. The Assisted Living Facility is required to discharge any resident that no longer meets the continued residency criteria immediately.

6. The Assisted Living Facility is required to maintain all facility records and resident records on the grounds of the ALF at all times, as identified in the attached Statement of Deficiencies, State (5000-3547) Form.

7. The Assisted Living Facility is required to maintain all residents' medications on the grounds of the ALF at all times. The facility must also ensure residents are assisted with self-administration of medications on grounds of the ALF.

8. The Assisted Living Facility is required to maintain all facility records and resident records on the grounds of the ALF at all times.

9. The Assisted Living Facility is required to ensure all care and services for the residents are provided on the grounds of the ALF; this includes ADLs, food services, medications, activities, etc.

10. The Assisted Living Facility is required to ensure residents are not transported to the AFCH to receive supervision and/or to obtain care and services.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso

Facility Representative Date