STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	08/13/2014
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)		

Revisit Corrected Tags:
0025-Resident Care - Supervision
0032-Resident Care - Elopement Standards-

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

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the Relicensure survey, was conducted on through Savorah ALF Inc. had uncorrected deficiencies found at the time of the first revisit.

Please note this survey was conducted to determine compliance regarding A 0025 and A 0032, the Class II citations. Please reference separate report for the status of the remaining outstanding (repeat tags) deficiencies .

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 **second** State Licensure Revisit Survey conducted on 13, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2014.**

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

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

YOSF

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