STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	08/21/2014
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:

0007-Admissions - Criteria-08/21/2014
0008-Admissions - Health Assessment-08/21/2014
0052-Medication - Assistance With Self-Admin-08/21/2014
0054-Medication - Records-08/21/2014
0055-Medication - Storage And Disposal-08/21/2014
0079-Staffing Standards - Levels-08/21/2014
0081-Training - Staff In-Service-08/21/2014
0083-Training - First Aid And Cpr-08/21/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-08/21/2014
0085-Training - Nutrition & Food Service-08/21/2014
0090-Training - Do Not Resuscitate Orders-08/21/2014
0093-Food Service - Dietary Standards-08/21/2014
0152-Physical Plant - Safe Living Environ/other-08/21/2014
0160-Records - Facility-08/21/2014
0161-Records - Staff-08/21/2014
0162-Records - Resident-08/21/2014
0164-Records - Inspection Availability-08/21/2014
0167-Resident Contracts-08/21/2014
0190-Administrative Enforcement-08/21/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced second follow-up to the relicensure survey was conducted on 08/21/14 at Savorah ALF, Inc. The facility had no deficiencies found at the time of visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 03, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on August 21, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Arlene Maya-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

DT9D

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