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	AL11968352	08/29/2016
NAME OF PROVIDER OR SUPPLIER **SAVORAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2314 SW RANCH AVENUE** **PORT SAINT LUCIE, FL 34953**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced Relicensure survey was conducted on and at Savorah ALF (License #12262). The facility had deficiencies at the time of the visit.

0026 Resident Care - Social & Leisure Activities

Based on observation, interview, and record review it was determined this facility failed to provide an ongoing activities program keeping with each resident's needs, abilities, and interests that are available 6 days per week for not less that 12 hours per week for a census of 5 residents (Residents #1, #2, #3, #4, and #5).

The Findings included:

Upon arrival to the facility, the facility's activity calendar was noticed on the bulletin board in the dining . This "Weekly Activity Schedule" noted the following activities for :

a) 10:00 AM Sittercize/Nature Walk
b) 10:30 AM Puzzles
c) 1:30 PM Current Events
d) 2:30 PM Feel Better with Good Health
e) 3:30 PM Swing and Sway
f) 4:15 PM Words, Words, Words
g) 6:30 PM Movie

Observation of this facility from 8:00 AM - 12:45 PM on did not reveal any activities offered to the residents of this facility. The residents listened to music in their , slept in their beds; slept in their wheelchair; or watched television.

During interviews with 3 of the 5 residents, conducted on , they stated there are no activities offered or available at this facility. One resident refused an interview and another resident stated they occasionally go on outings.

During interview with Staff A, on beginning at approximately 10:45 AM, she was asked how residents are encouraged to participate in activities at this facility. She appeared not to understand the question. She was asked if she conducts activities with the residents of this facility she shrugged her shoulders up and down (indicating she did not know).

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During interview and review of the posted weekly activities calendar with the Administrator, on beginning at approximately 12:30 PM, she stated puzzles and games are available if the residents want to use them. She showed this surveyor that they are in her office. She stated the residents choose not to participate in activities that some of them just want to smoke. She was asked if she ever met with the residents to determine what activities they might be interested in. She acknowledged that she had not specifically asked them this question. She was asked if there was any documentation to reflect resident refusal to participate in activities that are available. She acknowledged that there was no documentation for refusal to participate in activities.

During family interview for Resident #1, conducted on beginning at approximately 2:30 PM, she was asked what activities Resident #1 participates in. She replied all he does is watch television. She was asked if Resident #1 was ever offered any facility activities. She replied she had never seen and activities offered to the residents of this facility and she visits 2-3 times per week.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews it was determined the facility failed to ensure each resident had reasonable opportunity to be outdoors at regular and frequent intervals except when prevented by inclement weather for 1 of 1 sampled residents (Resident #1) utilizing a wheelchair for which the facility does not have a ramp or wheelchair access of any type for this resident to obtain independent access to the outdoors. In addition, based on observation and interview it was determined the facility failed to ensure adequate and appropriate health care consistent with established and recognized standards within the community was utilized when providing assistance with the self administration of medications, specifically related to hand hygiene (hand washing/sanitizing) for 4 of 4 sampled residents observed during medication observation (Resident #1, Resident #2, Resident #3, and Resident #4).

The Findings included:

1) During interview conducted with Resident #1, on beginning at approximately 8:10 AM, he stated the facility does not have a ramp at the exit/entrance doors for him to be able to independently go outside. He stated he had repeatedly asked the Administrator to install a ramp and she has refused to do so.

During observational tour or the facility conducted with the Administrator, on beginning at approximately 10:25 AM, she acknowledged there was no ramp and entrance/exit doors of this facility.

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She also acknowledged that she has one resident that utilizes a wheelchair. She stated she had a portable ramp at her other facility that she could bring to this facility at times. She was asked why there is no ramp consistently in place for this resident that utilizes a wheelchair. She stated she does not want him going outside without staff present. The Administrator was asked if Resident #1 was an elopement risk. She replied that he was not. She could not provide an explanation as to why this resident would need to have staff present when he went outside.

2) During observation of Staff A providing assistance with the self administration of medications for 4 residents, on beginning at approximately 8:30 AM - 8:55 AM she was not observed to wash or sanitize her hands prior to providing assistance with the self administration of medication. Nor was she observed to wash or sanitize her hands between residents during this medication observation. She was observed to handle the wheelchair of one resident and the keys for the medication cabinet (initially). At the completion of this observation, Staff A was asked why she did not wash or sanitize her hands prior to or in between resident contact. She shrugged her shoulders up and down (indicating she did not know).

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review it was determined the facility failed to ensure that staff that provide assistance with the self administration of medications do so pursuant to the training requirements of Rule 58A-5.0191 FAC and assist with self administered medications in accordance with procedures described in Section 429.256, F. S. and this rule, specifically related to failure to inform each resident of the name of the medications they are being provided assistance with by the staff assisting for 4 of 4 sampled residents (Resident #1, Resident #2, Resident #3, and Resident #4).

The Findings included:

During observation and interview conducted with Staff A while she was providing assistance with the self administration of medications, on beginning at approximately 8:30 AM - 8:55 AM, the following residents were provided with the noted medications (per labels and Medication Observation Records):

a) Resident #1:
- 20mg QD (daily)
- 1000 mg (daily)
- 2mg QD (daily)

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Levetriacetam 500mg QD (daily)

b) Resident #2:
Tradjenta 5mg QD (daily)
325mg QAM (in the morning)
20mg QD (daily)
sod ER 500mg (twice daily)

c) Resident #3:
250 mg/5ml take 15 ml (three times daily)
10mg QD (daily)
Lavosa Capsule (twice daily)
Benzotropine 0.5mg (twice daily)

d) Resident #4:
400mg (twice daily)

Staff A did not inform the above noted residents what medication they were receiving assistance with. During interview with Staff A, on beginning at approximately 9:00 AM, she was asked why she did not inform the residents of the names of the medications they were receiving assistance with. She shrugged her shoulders up and down (indicating she did not know).

Class III

0054 Medication - Records

Based on observation, interview, and record review it was determined the facility failed to ensure that the medication observation record was immediately update each time a medication is offered or administered for 4 of 4 sampled residents (Resident #1, Resident #2, Resident #3, and Resident #4).

The Findings included:

During observation and interview conducted with Staff A while she was providing assistance with the self administration of medications, on beginning at approximately 8:30 AM - 8:55 AM, the following residents were provided with the noted medications:

a) Resident #1:
20mg QD (daily)

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1000 mg (daily)
2mg QD (daily)
Levetriacetam 500mg QD (daily)

b) Resident #2:
Tradjenta 5mg QD (daily)
325mg QAM (in the morning)
20mg QD (daily)
sod ER 500mg (twice daily)

c) Resident #3:
250 mg/5ml take 15 ml (three times daily)
10mg QD (daily)
Lavosa Capsule (twice daily)
Benzotropine mes 0.5mg (twice daily)

d) Resident #4:
400mg (twice daily)

Staff A did not immediately update these medication observation records at the time assistance was provided with these medications. During interview with Staff A, on beginning at approximately 9:30 AM, she was asked why she did not update these medication observation records at the time the assistance with the medication was provided. She shrugged her shoulders up and down (indicating she did not know).

Review of the facility's Residency Agreement and review of the above noted MORs (Medication Observation Records) and interview was conducted with the Administrator on at approximately 11:45 AM. The Administrator acknowledged that the MORs for Resident #1, Resident #2, Resident #3, and Resident #4, had still not been initialed to reflect the above noted medications had been provided to these residents. In addition, review of the facility's residency agreement reflects "the medication observation record (MOR) must be immediately updated each time the medication is offered or administered".

Class III

0055 Medication - Storage and Disposal

Based on observation and interview it was determined the facility failed to ensure that all medications

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that are to be centrally stored by the facility were kept in a locked cabinet, or other locked storage receptacle, room, or area at all times.

The Findings included:

During observations of the Administrator's office (located adjacent to the dining kitchen area) from 7:45 AM - 12:45 PM the medication storage cabinet remained open and several "bingo" cards of medications were strewn about the Administrator's desk. The Administrator was in and out of this had left these medication "bingo" cards on top of her desk and the remaining 5 resident's medications unlocked in the medication cabinet.

During tour of the facility, conducted with the Administrator on beginning at approximately 10:25 AM, she was asked where a telephone (with unrestricted access) was located for residents to use to make a private call. She replied the portable phone in her office. It was located on the desk. She was asked if this every locked. She replied that it is not locked at any time and that resident's can use the telephone anytime they want to.

During exit conference conducted with the Administrator on beginning at approximately 12:35 PM, she was asked why the medication cabinet had been unlocked so far all day and why there were resident medications (bingo cards) strewn across her desk. She could not provide an answer to these questions.

Class III

0078 Staffing Standards - Staff

Based on interview and record review it was determined the facility failed to maintain documentation that a newly hired staff had submitted a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable within 30 days after beginning employment for 1 of 3 sample staff (Staff B).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 9:55 AM, she was provided the opportunity to locate evidence of a statement from a health care provider indicating freedom from communicable within 30 days of employment for Staff B (date of hire was 2015 as exact date was unknown by the Administrator).

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The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

Class III

0079 Staffing Standards - Levels

Based on interview it was determined the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period (2016).

The Findings included:

During interview conducted with the Administrator, on beginning at approximately 9:20 AM, she was asked for a copy of the facility's staffing schedule for 2016. She replied that she had not written that schedule, yet. She stated she was not aware that a written work schedule had to be completed and available.

Class III

0081 Training - Staff In-Service

Based on interview and record review it was determined the facility failed to ensure staff that provide direct care to residents are trained in accordance with 58A-5.091(2) FAC for 1 of 3 sampled staff (Staff B).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 9:55 AM, she was provided the opportunity to locate evidence of a the following mandatory trainings for Staff B (date of hire was 2015 as exact date was unknown by the Administrator):

a) 1 hour of control, including universal precautions, and facility sanitation procedures before providing personal care to residents
b) 1 hour of reporting major and adverse incidents and emergency procedures incliding chain of command and staff roles relating to emergency evacuation within 30 days of hire

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c) 1 hour of resident rights in and assisted living facility; recognizing and reporting resident , neglect, and , within 30 days of hire
d) 3 hours of resident behavior and needs and providings assistance with activities of daily living within 30 days of hire
e) 1 hour of safe food handling within 30 days of hire
f) 1 hour of resident elopement response policies and procedures within 30 days of hire

The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

Class III

0082 Training -

Based on interview and record review it was determined the facility failed to maintain documentation of training on the topic of and within 30 days of hire for 1 of 3 sampled staff (Staff B).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 9:55 AM, she was provided the opportunity to locate evidence of and training for Staff B (date of hire was 2015 as exact date was unknown by the Administrator).

The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

Class III

0090 Training -

Based on interview and record review it was determined the facility failed to ensure that direct care staff received at least one hour of training in the facility's policy and procedures regarding within 30 days after employment for 2 of 3 sampled staff (Staff A and Staff B).

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The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 9:50 AM, she was provided the opportunity to locate the 1 hour training documentation for the following staff members:

a) Staff A: with a date of hire noted as
b) Staff B: with a date of hire noted as 2015 (exact date not known by Administrator)

The Administrator could not locate Staff A's documentation of training. The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review it was determined the facility failed to maintain a sufficient amount of potable water for drinking and food preparation that must be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority for a current census of 5 residents (Residents #1, #2, #3, #4, and #5).

The Findings included:

During observation, record review, and interview conducted with the Administrator on beginning at approximately 11:00 AM, she was asked for her disaster menu/par sheet for disaster food and water supply. She provided the disaster par sheet developed by the Registered Dietitian 2016 - 2017. This document indicated the facility is to have 21 gallons of potable water on site. The Administrator was asked to show this surveyor the 21 gallons of potable water. She stated they leaked about 1 week ago and were thrown out. She was asked if they all leaked and she replied that they did. She was asked why she had not replaced the 21 gallons of water for the facility's emergency supply. She could not provide an explanation. She pointed to 5 individual gallons of water on the floor in her office and stated she has these for her emergency supply of water. She was asked if these 5 individual gallons of water had been filled at the facility's sink (as the seals were not present on these jugs of water). She confirmed that they had been filled at the facility's sink. She also

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acknowledged the facility did not have the 21 gallons of potable water on site that her emergency par sheet indicates the facility should have on hand for a census of 5 residents.

Class III

0161 Records - Staff

Based on interview and record review it was determined the facility failed to maintain personnel records for each staff member that contain, at a minimum, documentation of background screening; documentation of compliance with all training requirements of this part or applicable rule; a completed employment application with references furnished; and documentation verifying freedom from signs and symptoms of communicable for 1 of 3 sampled staff (Staff B). In addition, based on interview it was determined this facility failed to maintain a written staff work schedule (2016).

The Findings included:

1) During interview and employee record review conducted with the Administrator, on beginning at approximately 9:55 AM, she was provided the opportunity to locate evidence of a Level 2 background screening; documentation of compliance with all training requirements of this part or applicable rule; a completed employment application with references furnished; and documentation verifying freedom from signs and symptoms of communicable for Staff B (date of hire was 2015 as exact date was unknown by the Administrator).

The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

2) During interview conducted with the Administrator, on beginning at approximately 9:20 AM, she was asked for a copy of the facility's staffing schedule for 2016. She replied that she had not written that schedule, yet. She stated she was not aware that a written work schedule had to be completed and available.

Class III

0162 Records - Resident

Based on interview and record review it was determined the facility failed to maintain on premises

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demographic data; a copy of written informed consent for unlicensed staff to assist with the self-administration of medications pursuant to Rule 58A-5.0185, FAC; and a copy of the resident's contract with the facility as described in Rule 58A-5.025, FAC for 2 of 2 sampled residents (Resident #2 and Resident #4).

The Findings included:

During interview and resident record review conducted with the Administrator, on / beginning at approximately 11:15 AM, she was provided the opportunity to locate the demographic data forms; written informed consent for unlicensed staff to assist with the self-administration of medications; and completed contracts with the facility for the following residents:

a) Resident #2 (move-in date noted as)
b) Resident #4 (move-in date noted as /)

The Administrator acknowledged that she had not completed the above noted documents for Resident #2. She acknowledged that the demographic form and the consent form were not on file for Resident #4 and that the contract had not been completed (partially filled out) and had not been signed for Resident #4. She stated her printer has been out of ink and that is why the forms were not on file for Resident #2.

Class III

L240 LMH - Licensing

Based on interview and record review it was determined the facility failed to obtain a limited mental health license when serving one or more mental health residents (Resident #2 and Resident #4).

The Findings included:

1) During interview and resident record review conducted with the Administrator, on beginning at approximately 11:15 AM, she acknowledged that Resident #2's move-in date was noted as . She also acknowledged that his health assessment (1823 form), dated reflected a diagnosis of type. This health assessment also indicated intellectual functioning and can get agitated/volatile. The Administrator acknowledged that Resident #2 has a mental health diagnosis and that this facility does not currently have a limited mental health license. She stated she was not aware she needed to have this licensure in order to accept mental health residents.

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2) During interview and resident record review conducted with the Administrator, on beginning at approximately 11:45 AM, she acknowledged that Resident #4's move-in date was noted as . She also acknowledged that Resident #4's transfer form, dated , reflected a diagnosis of undifferentiated as the admitting and discharge diagnosis. She is noted to receive 400mg twice daily at this time. The Administrator acknowledged that Resident #2 has a mental health diagnosis and that this facility does not currently have a limited mental health license. She stated she was not aware she needed to have this licensure in order to accept mental health residents. The Administrator acknowledged that this resident has a case manager with the FACT team and is receiving mental health services, currently.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review it was determined the facility failed to register with the clearinghouse all employees that work for the facility (Staff A, Staff B, and Staff C).

The Findings included:

During interview and review of the blank printout from the clearinghouse website conducted with the Administrator, on beginning at approximately 9:55 AM, she acknowledged that she had not registered the staff of this facility. She stated she was not aware of this requirement. The following are the current staff/employees of this facility:

a) Staff A: with a date of hire noted as
b) Staff B: with a date of hire noted as 2015
c) Staff C: with a date of hire noted as

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on interview and record review it was determined the facility failed to maintain evidence of a background screening for 1 of 2 sampled direct care staff (Staff B).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning

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at approximately 9:55 AM, she was provided the opportunity to locate evidence of a Level 2 background screening for Staff B (date of hire was 2015 as exact date was unknown by the Administrator).

The Administrator stated she did not have Staff B's employee file at this facility because Staff B normally works at her Adult Family Care Home and is only per diem at this facility. The Administrator stated the last time Staff B worked at this facility was on for an 8 hour shift. The Administrator acknowledged that she did not keep a copy of any of Staff B's records at this facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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 that was conducted on , 2016 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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