STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11968352 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVORAH ALF INC	2314 SW RANCH AVENUE PORT SAINT LUCIE, FL 34953

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0026	Correction	ID Prefix A0030	Correction	ID Prefix A0052	Correction
Reg. # 58A-5.0182(2) FAC	Completed	Reg. # 58A-5.0182(6) FAC; 429.28(1-2) FS	Completed	Reg. # 58A-5.0185 (3)	Completed
LSC		LSC		LSC	
ID Prefix A0055	Correction	ID Prefix A0078	Correction	ID Prefix A0079	Correction
Reg. # 58A-5.0185(6) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed	Reg. # 58A-5.019(3) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0081	Correction	ID Prefix A0093	Correction	ID Prefix A0161	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.020(2) FAC	Completed	Reg. # 429.275(2) FS; 58A-5.024(2) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0162	Correction	ID Prefix AZ815	Correction	ID Prefix	Correction
Reg. # 58A-5.024(3) FAC	Completed	Reg. # 406.809, 435.02(2), 435.06	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO
8/29/2016	

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	R 10/18/2016
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 revisit to the licensure survey was conducted on at Savorah ALF (License #12262). The facility had uncorrected deficiencies at the time of the visit.
Uncorrected Deficiencies:
A0054
A0082
A0090
L240
Z814

0054 Medication - Records

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

The Findings included:

1) During observation of Staff A providing assistance with the self-administration of medications for Resident #3, on beginning at approximately 9:15 AM, she was observed to provide her with the following medications:

a. 15ml - 3 times daily
b. 10mg - QD (once a day)
c. 0.5mg - (twice a day)
d. - (twice a day)

Staff A was not observed to initial the MOR (medication observation record) upon completion of providing these medications and prior to providing assistance with medications to another resident (Resident #1).

2) During observation of Staff A providing assistance with the self-administration of medications for Resident #1, on beginning at approximately 9:35 AM, she was observed to provide him with the following medications:

a. 0.4mg - QD (once a day)
b. 10mg - QD (once a day)

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		R
	AL11968352	**10/18/2016**

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
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c. 20mg - QD (once a day)
d. 5mg - QD (once a day)
e. 2mg - QAM
f. 10mg (1/2 tab) with main meal (served with breakfast)
g. 20mg - QD (once a day)
h. Levetircetam 500mg - (twice a day)

Staff A was not observed to initial the MOR (medication observation record) upon completion of providing these medications to Resident #1.

During observation, interview, and record review conducted with Staff A and the Administrator on at approximately 9:50 AM, as Staff A was leaving the medication /office, she was asked by this surveyor if she had forgotten something. She looked puzzled and did not provide an answer. The Administrator informed her, at this time, that Staff A had forgotten to initial the MOR for Resident #3 and Resident #1. Staff A then obtained their medication records and began initialing the MORs for both of these residents. She was observed to initial the evening medications for Resident #1 for as well, at the time of this observation. The Administrator and Staff A acknowledged that those medications had not been initialed, either.

Class III
(Uncorrect Deficiency)

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 8:30 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 acknowledged that evidence of and training was not on file for Staff B.

Class III
(Uncorrect Deficiency)

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SUMMARY STATEMENT OF DEFICIENCIES
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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).

The Findings included:

During interview and employee record review conducted with the Administrator, on beginning at approximately 8:30 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 or Staff B's training documentation.

Class III
(Uncorrect Deficiency)

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to register with the clearinghouse all employees that are subject to screening by the agency, for 3 of 3 sampled staff (Staff A, Staff B and Staff C).

The Findings included:

During review of the printout of the clearinghouse roster conducted with the Administrator on beginning at approximately 8:35 AM, she acknowledged that the following staff were not on this roster.

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

She acknowledged that there was no staff noted on this roster. She stated she has a Registered Nurse that was supposed to correct this for her since the last survey. She stated she utilizes the Registered

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Nurse "because she is not good with the computer". She could not provide an explanation as to why this deficient practice had not been corrected.

Unclassified
(Uncorrect Deficiency)

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM 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 Relicensure Revisit Survey conducted on
18, 2016 by a representative from this office.

Attached is the provider's copy of the State (3020) 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 , 2016.**

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 Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

YOSF

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