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 A0082 Reg. # 58A-5.0191(3) FAC LSC	Correction Completed	ID Prefix A0090 Reg. # 58A-5.0191(11) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS) M	DATE 1/6/17	SIGNATURE OF SURVEYOR [signature]	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 8/29/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?		☐ YES ☐ NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	R 12/20/2016
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 2nd revisit to the relicensure survey was conducted on 12/20/2016 at Savorah ALF Inc. (License #12262). The facility had uncorrected deficiencies at the time of the visit.
A0054 - uncorrected
Z814 - uncorrected

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

Based on observation, interview, and record review it was determined the facility failed to ensure a correct daily medication observation record (MOR) was maintained for 1 of 2 sampled residents (Resident #1).

The Findings included:

During medication observation conducted with Staff A, on beginning at approximately 8:18 AM, Resident #1 was provided with the following medications:

10mg tablet
1gm capsule
(250mg/5ml) take 15ml

Observation of the medication " pack" packaging for Resident #1's medications, there were only 2 pills in the " pack" for the morning medications and they were determined to be as follows:

10mg tablet
1gm capsule

Immediately after the provision of these medications to Resident #1, Staff A was observed to initial that 4 medications were provided to this resident, not the 3 that were actually provided to her. Staff A was asked why she initialed 4 medications as having been provided. She could not provide an explanation. The Administrator joined this interview at this time. She stated that Staff A initialed the MOR (Medication Observation Record) for Resident #1 as having received 0.5mg during this observation. Observation of the " pack" for the remainder of the week did not include this medication in the AM dose. The Administrator and Staff A acknowledged only 2 pills were in the " pack". The Administrator stated "The pharmacy must not have placed that medication in the package for some reason" and "She has always taken that medication".

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	R 12/20/2016

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SAVORAH ALF INC	**2314 SW RANCH AVENUE** **PORT SAINT LUCIE, FL 34953**

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

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on interview and record review it was determined the facility failed to ensure each staff member was registered with the Clearinghouse Roster for 3 of 3 sampled staff (Staff A, Staff B, and Staff C).

The Findings included:

During interview and record review conducted with the Administrator, on beginning at approximately 9:00 AM, she was asked to provide a copy of the Clearinghouse Roster for this facility. She provided copies of BGS (Background Screenings) for each staff member. She was asked if she had registered her staff with the Clearinghouse Roster. She stated she thought this had been done and she has BGS to prove it. She was informed these are two separate things. She did not appear to understand this. She was asked if her consultant helped her with this. She stated she thought they had fixed this. A copy of the Clearinghouse Roster for this facility, printed on / at 5:14 AM, was reviewed with the Administrator. This document did not reflect any staff had been registered with the Clearinghouse Roster. The Administrator was provided a copy of this form and acknowledged that her staff (as follows) were not listed on this Clearinghouse Roster.

Staff A - date of hire noted as
Staff B - date of hire noted as 2015
Staff C - date of hire noted as

Unclassified

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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 20, 2016 by a representative of this office.

Attached is the provider's copy of the State Form, 5000-3547 which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit. All deficiencies shall be corrected no later than , 2017.

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 the field office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

YOSF

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