STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	04/22/2017
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

On and , an Initial Limited Mental Health Specialty Licensure survey was conducted at Savorah ALF Inc., license #12262. The facility had a deficiency identified during the survey. The facility capacity is 5 beds.

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on observations, interviews and record review, the facility failed to obtain required documentation for 3 of 5 sampled limited mental health Residents (#1, #2 and #3). There was no evidence of community living support plans (CLSP) or , agreements.

The findings included:

During the survey conducted , Residents #1, #4 and #5 were observed at the facility conducting their daily routines, Residents #2 and #3 were not present during the survey. All 5 current residents of the facility were considered limited mental health residents according to the facility's Administrator and were noted as limited health residents in the admission and discharge log.

On , Resident #1 was interviewed at 9:05 AM, Resident #4 was interviewed at 9:27 AM and Resident #5 was interviewed at 9:35 AM. All 3 were asked and stated they do not have a CLSP. Further interview revealed, they did not know what that was, even after clarification of what the document usually contains.

Review of resident records conducted revealed the following.

1. Resident #1 was admitted to the facility on . His AHCA Form 1823 (medical examination) documented diagnoses including , . He receives ongoing out-patient services from a local mental health facility. In a telephone interview conducted at 11:20 AM with the Administrator present, his mental health Case Manager confirmed he receives Social Security funds related to a mental health condition. Review of facility records and Resident #1's records revealed no documentation showing the required Community Living Support Plan (CLSP) and , Agreement ( ), or facility attempts to obtain the required documents.

2. Resident #2 was admitted to the facility on . Her AHCA Form 1823 (medical examination) documented she has paranoia, and auditory hallucinations at times. Her medical examination documented , type , with angry outbursts. She receives ongoing out-patient services from a local mental health facility. In a telephone interview

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	**04/22/2017**
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)

conducted at 11:20 AM with the Administrator present, her mental health Case Manager confirmed she receives Social Security funds related to a mental health condition. Review of facility records and Resident #2's records revealed no documentation showing the facility either obtained the required CLSP and , or showed facility attempts to obtain the required documentation within 72 hours of the resident's admission to the facility.

3. Resident #3 was admitted to the facility on . His AHCA Form 1823 (medical examination) documented diagnoses including , type. He receives ongoing out-patient services from a local mental health facility. In a telephone interview conducted at 11:20 AM with the Administrator present, his mental health Case Manager confirmed he receives Social Security funds related to a mental health condition. Review of facility records and Resident #3's records revealed no documentation showing the required CLSP and , or facility attempts to obtain the required , or showed facility attempts to obtain the required documentation within 72 hours of the resident's admission to the facility.

During an interview conducted at 11:41 AM, the Administrator was asked and stated she did not have community living support plans or , agreements with the mental health provider.

Class III