STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	09/20/2018
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 at Savorah ALF Inc, License #12262. The facility had deficiencies at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record review and staff interview, the Provider failed to ensure the Health Assessment (AHCA Form 1823) for 1 of 2 residents, whose records were reviewed, contained complete and accurate documentation showing the appropriateness of placement in the facility (Resident #1).

The findings included:

On , during review of Resident #1's Health Assessment (AHCA Form 1823) dated , the following issues were noted:
1) The mental health diagnosis pertinent to the care and services received for Resident #1 was missing from "Section 1, Medical History and Diagnoses" of the Health Assessment;
2) No documentation in Section 1, Part B regarding "Special Diet Instructions;"
3) There was no indication in Section 1, Part D as to whether the resident's needs could be met in an assisted living facility; and
4) Section 2-B, Part B indicates Resident #1 requires "Medication Administration."

The Administrator stated on at 1:50 PM, "Resident #1 does not require Medication Administration. That is an error."
The Administrator confirmed there was no nurse on staff to administer medications. She acknowledged Resident #1's Health Assessment was not complete and contained inaccurate information not found and corrected prior to survey.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on employee record review and staff interview, the Provider failed to have documentation of a negative ( ) examination completed on an annual basis, for 1 of 4 staff (Staff D).

The findings included:

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During review of the employee file for Staff D, the last documented negative examination was completed on . The Administrator was asked for documentation showing a negative exam had been completed in of 2018. No documentation was provided.

On at 1:50 PM, the Administrator acknowledged a negative exam was due in of 2018, and stated she could not provide the documentation showing compliance.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on employee record review and staff interview, the Provider failed to ensure 2 of 4 staff received the required 1 hour Nutritional and Safe Food Handling Training within 30 days of hire (Staff B and Staff C).

The findings incuded:

Staff B, a resident care aide, was hired on . Staff C, a resident care aide, was hired on . Both aides assist in preparing and serving food to the residents of the facility. During employee record review for Staff B and Staff C, no certificates were found showing completion of the required 1 hour Nutritional and Safe Food Handling within 30 days of hire, or any time thereafter.

On at 1:50 PM, the Administrator acknowledged the missing documentation showing completion of the required in-service training.

Class

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on employee record review and staff interview, the Provider failed to ensure 1 of 4 staff who assist with medications and had completed the initial 6 hour training 1) completed annual 2 hour continuing education trainings, and 2) completed an additional 2 hours of training in 2018 that focuses on topics related to changes in regulations concerning assisting with syringes that are prefilled by pharmacist or pens that are prefilled by manufacturer, assisting with , use of glucometers, assisting with nasal cannulas and continuous positive airway pressure (CPAP) devices, assisting with applying and removing anti- stockings, placement and removal of

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SUMMARY STATEMENT OF DEFICIENCIES
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, bags, and the measurement of , , rate, temperature and , , rate [Staff B].

The findings included:

Staff B, a resident care aide who assists with medications, completed the initial 6 hour training on assistance with the self-administration of medications on . There were no annual 2 hour continuing education certificates for any years following the initial 2015 training, and no additional 2 hour training certificate showing completion of medication assistance training focusing on the new changes in the regulations as specified above.

On at 1:50 PM, the Administrator acknowledged the missing documentation showing evidence of compliance with the annual updated continuing education requirements.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and staff interview, the provider failed to ensure fixtures in 1 or 2 are maintained in good condition (#).

The findings included:

During observational tour of the facility on at 9:30 AM, the following items were seen to be in need of repair/replacement:
1) The shower rod in # , located within Resident #1 and #3's , was heavily rusted (photo available);
2) The toilet seat in # had a small area where the paint had been rubbed off the seat to expose the wood underneath. This makes that , area difficult to clean and sanitize effectively.

On at 1:50 PM, the need to repair and/or replace these items was discussed with the Administrator.

Class III