Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969281	A. BUILDING: _____ B. WING _____	08/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVORAH ALF II LLC	2369 SW FERN CIR PORT SAINT LUCIE, FL 34953

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure survey was conducted on [redacted] at Savorah ALF II LLC. The facility had deficiencies at the time of the survey.	A 000		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable [redacted]. The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of [redacted] testing materials satisfies the annual [redacted] examination requirement. An individual with a positive [redacted] test must submit a health care provider's statement that the individual does not constitute a risk of [redacted]. 2. If any staff member has, or is suspected of having, a communicable [redacted], such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable [redacted]. (b) Staff must be qualified to perform their	A 078		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 078	Continued From page 1 assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to ensure staff members who provide direct care to residents submitted the required written statement related to evidence of a negative examination for 1 of 2 sampled Staff (A).	A 078		

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A 078	Continued From page 2 The findings included: Employee record review conducted on at 12:56 PM, with the Administrator present, revealed the following. Staff A was hired in , . . . She was observed providing direct care to residents during the survey. Her record included a written health examination statement dated (about one year and two weeks prior to the survey) which disclosed she appears to be free from communicable . There was no documentation dated within the past year that documented she was examined and had no signs or symptoms of . . . . . This was discussed with and acknowledged by the Administrator at the time of review. Class III	A 078		
A 082 SS=D	58A-5.0191(4) FAC Training - / . (4) . . . . . / . . . . . (/). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to	A 082		

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A 082	Continued From page 3 ensure staff members who provide direct care to residents submitted the received the required training in / . . 2 of 2 sampled Staff (A and B). The findings included: Employee record review conducted on at 12:56 PM, with the Administrator present, revealed the following: 1. Staff A was hired in , . She was observed providing direct care to residents during the survey. Review of her records revealed no documentation showing she received the required training in , and (/) within 30 days of hire. 2. Staff B was hired in . She was observed providing direct care to residents during the survey. Review of her records revealed no documentation showing she received the required training in / within 30 days of hire. This was discussed with and acknowledged by the Administrator at the time of review. Class III	A 082		
A 084 SS=D	58A-5.0191(6) FAC 429.52 (6), FS Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in	A 084		

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A 084	Continued From page 4 rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, , , dosage forms, and , , , and dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with	A 084		

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A 084	Continued From page 5 prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of , bags, excluding the removal of the , or manipulation of the site; and, n. Measurement of rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of	A 084		

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A 084	Continued From page 6 continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6), FS (6) Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to ensure staff members who provide assistance to residents related to self-administration of medications received the required training, for 1 of 2 sampled Staff (B). The findings included: Employee record review conducted on	A 084		

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A 084	Continued From page 7 at 12:56 PM, with the Administrator present, revealed Staff B was hired in . She was observed providing assistance with self-administration of medication to Residents #4 and #5 during the survey. Review of her records revealed no documentation showing she received the required two hours of continuing education training conducted by a registered nurse or licensed pharmacist in the past year (effective the new rule as of ,). This was discussed with and acknowledged by the Administrator at the time of review. Class III	A 084		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health department sanitarian, the designee is exempt from the requirement to complete the food and	A 092		

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A 092	Continued From page 8 nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to provide a nutritional item as health care provider's (HCP) written instruction to provide a nutritional supplement for 1 of 2 sampled Residents (#4). The findings included: Review of Resident #4's medical records revealed he was admitted to the ALF on . His AHCA Form 1823 (health assessment) dated . . . . documented the following: 1. The section titled Physical or Sensory Limitations documented, "Poor oral intake". 2. The section including Service Requirements documented, "Dietary Management". 3. The section titled Special Diet Instructions documented, "Mighty Shakes". According to manufacturer guidelines, a 4-ounce serving of Mighty Shakes contains: 6 grams of protein, 200 calories, 6 grams of fat, 16 grams of sugar. 4. The section titled . . . . documented, "154" pounds.	A 092		

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A 092	Continued From page 9 His Resident record documented the following : at 157 at 159 at 157 at 157 at 157.1 Observations of Resident #4 made throughout the survey revealed no incidents of him being offered, receiving, or consuming any Mighty Shakes or equivalent nutritional supplement. This was discussed with and acknowledged by the Administrator on at 10:55 AM. Class III	A 092		

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CZ814 SS=C	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the assisted living facility (ALF) failed to develop and maintain the required background screening clearinghouse employee roster for 3 of 3 sampled Staff (A, B and the Administrator). This has the potential to affect all current residents	CZ814		

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CZ814	Continued From page 1 and day care participants of the ALF. The findings included: Throughout the survey conducted on , the Administrator and Staff A and B were observed providing direct care to the residents and day care participants at the ALF. Employee record review conducted at 12:35 PM, with the Administrator present, revealed no staff members were listed on the AFL's background screening employee roster. This was discussed with and acknowledged by the Administrator at the time of review. Unclassified	CZ814		