

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11970137	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/23/2025
NAME OF PROVIDER OR SUPPLIER SARAS HOUSE II			STREET ADDRESS, CITY, STATE, ZIP CODE 4401 NW 19TH TERR OAKLAND PARK, FL 33309		
(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 Abbreviated Relicensure and Generator Monitoring survey was conducted at Saras House II on . The provider had deficiencies related to the Relicensure at the time of the visit.	A 000			
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2) (a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 032	Continued From page 1 facility staff and law enforcement as necessary . The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on record and interview, the facility failed to ensure that employees of the facility participated in elopement drills as required twice yearly (Staff A and B). The Findings Include:	A 032		

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A 032	Continued From page 2 On the Administrator provided the surveyors with their Elopement drills that were in their CEMP (Comprehensive Emergency Management Plan) binder. Review of the binder revealed only one elopement drill present, which was dated at 2:30 PM. In an interview with the Administrator on at 11:11 AM this surveyor asked the Administrator if there were additional elopement drills available. She stated you only do 1 and then 1 Fire drill and keep one in the binder. This surveyor informed/or reminded her that facilities are required to perform 2 elopement drills per year and asked if there were additional drills. She looked into a file cabinet located in the living room, then informed this surveyor that there was only one and that she would do one today or tomorrow. No additional information was provided during the survey. Class	A 032		
A 083	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND (). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National	A 083		

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A 083	Continued From page 3 Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on record and interview, the facility failed to ensure that an employee with First Aid certification was at the facility at all times. The Findings Include: A review of the Administrator, Staff A's facility file and documents on 07//2025 revealed an American Association BLS/ / - (Basic Life Saving, , Automated External Defibrillator) certificate cert in her file. However, there was no documentation for First Aid training observed in the file. A review of the Staff B's facility file and documents on 07//2025 revealed an American Association American Association BSL/ / - - (Basic Life Saving, Automated External Defibrillator) certificate in her file. However, there was no documentation for First Aid training observed in the file. In an interview with the Administrator on at 2:06 PM she was informed that she and Staff B had Basic Life Saving (BLS)	A 083			

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A 083	Continued From page 4 certification, and that BLS does not suffice for First Aid. She stated she spoke with the vendor and was told by them that the certificate did not have First Aid on it. She stated she was informed by them that the BLS was First Aid. She then called the vendor and inquired whether it was the same. This surveyor overheard the vendor informing her that some people needed the First Aid separately, but generally, people get them together. This surveyor then went online and provided her with a side-by-side of the two. She understood the difference. Class III	A 083			