AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Good Samaritan Retirement Home
507 S.E. 1st Avenue
Williston, FL 32696

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 14. 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Stephen Bunger for,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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2727 Mahan Drive
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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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
	AL11910275	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN RETIREMENT HM	507 S.E. 1ST AVENUE WILLISTON, FL 32696

(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 compliance survey was conducted on Good Samaritan Retirement Home Assisted Living Facility was found not to be in compliance with Chapter 429, Part I, Florida Statutes and 58A-5 Florida Administrative Code.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, medical record review and interviews the facility failed for 1 of 1 resident, (Resident #1) to ensure the supervision to prevent the resident's improper and potential harmful wearing of the hose. Findings: During the tour on at 11:05 AM resident #1 in was observed sitting in a chair. She was noted to wearing hoes, (an antiembolic hose), on both legs. On closer examination the hose were placed on her legs " backwards " with the heels of both hoses located above the top of the foot near the ankle. Both hose were observed to be " wrinkled " on the front of the legs between mid-calf and ankle. When asked, the patient denied any pain associated with the hose. The resident was asked who put the hose on her and she stated that she had put them on herself. The administrator was present at the time of the observation and stated that the resident was receiving home health services from senior Home Health but was discharged several months ago. The administrator stated that the home health service was responsible for the hose. Review of the medical record revealed an Interdisciplinary note written by the home health RN, dated and revealed in both notes " hose in use ". Review of the medical record, (AHCA Form 1823 completed revealed that the resident	A 025		

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A 025	Continued From page 2 suffers from the following medical conditions, mental , history of deep thrombus, history of and . Under the or behavior status: revealed "Forgetfulness". The 1823 revealed under the ACTIVITIES OF DAILY LIVING revealed that Bathing and Dressing required "Needs Assistance" and Ambulation, Self Care and Toileting required "Supervision". Class III	A 025		