STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911795	08/28/2013
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Florida Lutheran	STREET ADDRESS, CITY, STATE, ZIP CODE 450 North McDonald Avenue Deland, FL 32724	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services visit was conducted on 2013 at Good Samaritan Society-Florida in DeLand, Florida. Deficiencies were identified.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC
Based on record review and staff interview, the facility failed to obtain authorization from the health care provider to provide Limited Nursing Services for 1 of 1 sampled residents. (Resident #1)

The findings include:

1. Record review for Resident #1 revealed he was an male admitted on with diagnosis including: chest pain, acute failure and severe The documentation indicated the resident was alert and oriented and used a 4 wheel walker for mobility. On the physician ordered the daily application of hose. There were no orders found for Limited Nursing Services.

2. An interview was conducted with the Registered Nurse on duty on 8/28/13 at 8:45 am. When asked if physician orders were obtained for Limited Nursing Services services she stated they have orders for treatments, but not specifically for LNS services.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on record review and staff interview the facility failed to conducted monthly nursing assessments for residents receiving LNS services for 1 of 1 sampled residents. (Resident #1)

The findings include:

Review of the resident records for Resident #1 revealed there was no documentation of progress notes or monthly nursing assessments.

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An interview was conducted with Registered Nurse Manager on ..... at 10:35 am. She confirmed there were no progress notes regarding the services provided and no monthly nursing assessments.

Review of the facility Policy and Procedures entitled FLRC Limited Nursing Services Standards included the following:

N 202 A copy of the health care providers order authorizing the limited nursing services is to be maintained in the resident's file.

N 203 When a resident receives LNS, a nursing assessment is completed and documented at least monthly.

N 204 A written progress report shall be maintained on each resident who receives LNS services. The progress report is completed on those days the services are received and shall describe the date, type of service, duration, amount, and outcome of services rendered.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Good Samaritan Society-Florida Lutheran
450 North McDonald Avenue
DeLand, FL 32724

Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 **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

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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