



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

September 26, 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 September 18, 2013 by representative(s) of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure

1GGN



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 09/26/2013  
FORM APPROVED

|                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11910275</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>09/18/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Good Samaritan Retirement Hm</b>                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>507 S.E. 1st Avenue<br/>Williston, FL 32696</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                 |                                                     |

0000-Initial Comments

An unannounced Limited Nursing Services survey was conducted on 9/18/13 at Good Samaritan Retirement Home, Williston. There were no discernible deficiencies identified as a result of this survey.