STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968441	09/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Samson Villa Of Orange Park	2757 Pebbleridge Ct Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Revisit New Tags:
0077-Staffing Standards - Administrators-58a-5.019(1) Fac
0164-Records - Inspection Availability-58a-5.024(4) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to the complaint survey, CCR #2014004873, was conducted at Samson Villa of Orange Park in Orange Park, Florida on , 2014. Uncorrected and new deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and staff interview, the facility failed to obtain a completed resident health assessment (AHCA form 1823) for 1 of 2 sampled residents. (Resident #2)

The findings include:

A review of Resident #2 ' s clinical record on revealed that Resident #2 was admitted to the facility on The Resident Health Assessment (AHCA Form 1823) was not dated, and the resident's health care provider failed to list their medical license number. Page one of the assessment related to nursing treatmen services and special precautions was left blank. Page five of the Resident Health Assessment related to services to be provided by the facility was left blank. (Photographic evidence obtained)

An interview with the administrator on at approximately 4:21 p.m. revealed that he was unaware that Resident #2's health assessment was incomplete.

This was previously cited during the complaint survey visit.

Class III

0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on observation, interview and record review, the facility Administrator failed to supervise the operation and maintenance of the facility including management of staff and provision of care to residents. This is evidenced by Administration's failure to correct deficient practices cited in the most recent complaint survey, CCR#2014004873, conducted by a representative of this office on , 2014.

The findings include:

A complaint survey was conducted by a representative of this office on , and deficient practice was identified at A0008 and AZ815.

During the complaint revisit on at 1:00 p.m., it was determined that corrections had not been made.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interviews conducted with the facility administrator between 1:00 p.m. and 6:00 p.m. confirmed the findings still had not been corrected.

Class III

0164-Records - Inspection Availability 58A-5.024(4) FAC
Based on staff interview, the facility failed to ensure the availability of records for inspection.

The findings include:

A follow up to the complaint survey, CCR#2014004873, was conducted on by a representative of this office, and upon arrival at the facility, Employee A informed the surveyor that she had no access to any employee or resident records. Employee A attempted to contact the owner/administrator of the facility at approximately 11:45 a.m. via telephone, and was unable to reach him. The necessary records were not available for completion of the survey.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, interview and record review, the facility failed to ensure that 4 of 6 employees were background screened and found eligible prior to providing direct resident care. (Employees B, C, D and F)

The findings include:

On , and revisits to complaint survey CCR# 2014004873 as well as a new complaint survey, CCR#2014008003 were conducted.

A review of the employee personnel records on was not possible, as the staff on the premises did not have access to the files, and was unable to reach the administrator to gain access.

A review of the employee personnel files on revealed the following:
Employee B was hired on Her background screening indicated that she was not eligible for employment. A review of the 2014 employee work schedule on revealed that Employee B was scheduled to work on the following dates: 9/2, 9/4, 9/6, 9/8, 9/9, and (Copy obtained)

The date of hire for Employee C could not be confirmed. She had no documentation of a completed level II background screening in her employee file. A review of the 2014 employee work schedule on revealed that Employee C was scheduled to work on the following dates: 9/1 - 9/8 - and - (Copy obtained) The Agency for Health Care Administration's Background Screening Website was reviewed on , during the survey. The website confirmed that Employee C did not have a completed background screening.

The date of hire for Employee D could not be confirmed. She had no documentation of a completed level II background screening in her employee file. A review of the 2014 employee work schedule on revealed that Employee D was scheduled to work on the following dates: , 9/5 - , and (Copy obtained) The Agency for Health Care Administration's Background Screening Website was reviewed on , during the survey. The website confirmed that Employee C did not have a

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completed background screening.

The Administrator (Employee F) opened the facility on . . . . . The Agency for Health Care Administration's Background Screening Website was reviewed on , during the survey. The website read that Employee F required a rescreening.

During a . . . . . interview with the Administrator at approximately 2:00 p.m., he confirmed that Employees C and D had no background screenings. He stated that he was unaware that Employee B was not eligible for employment, and that he was unaware that he needed to be re-screened.

This was previously cited during the . . . . . complaint survey visit.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Samson Villa of Orange Park
2757 Pebbleridge Court
Orange Park, FL 32065

Re: CCR #2014004873

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 1, 2014.

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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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