STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	**11/07/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Samaritan Retirement Hm	**507 S.E. 1st Avenue Williston, FL 32696**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0007-Admissions - Criteria-11/07/2014
0162-Records - Resident-11/07/2014

0000-Initial Comments

An unannounced follow-up to a complaint survey CCR # 2014004750 and CCR # 2014006344 was conducted on November 7, 2014. Previously cited deficiencies were cleared.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 21, 2014

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 revisit conducted on November 7, 2014 by a representative of this office.

Enclosed is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

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