STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968441	11/10/2014
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 Corrected Tags:
0164-Records - Inspection Availability-11/05/2014
Z815-Background Screening; Prohibited Offenses-11/05/2014

Revisit Repeat Tags:
0000-Initial Comments-
0008-Admissions - Health Assessment-58a-5.0181(2) Fac
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to the 11/5/2014 complaint survey, CCR#2014004873, was conducted at Samson Villa of Orange Park in Orange Park, Florida on , 2014. Uncorrected 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 the Resident Health Assessment that was completed on the AHCA Form was not dated. Page 1 was missing information related to service requirements and special precautions. Page 4 was missing the examiner's printed name. Instead, that line was filled in with "IPC". Page 4 was also missing the examiner's medical license number and the date the examination was completed. Page 5, which was to be completed by the administrator or designee, and which identified services offered or arranged by the facility for the resident was left blank. Page 5 was signed by an individual who was not employed by the facility on . A review of the employee files, and an interview with Employee D at 10:16 a.m. confirmed that page 5 was signed by an individual not employed by the facility.

An interview with the administrator on at approximately 4:30 p.m. revealed that he was unaware that Resident #2's health assessment was still incomplete.

This was previously cited during the complaint survey and during the follow up survey.

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 was 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:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11968441	**11/10/2014**
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

A complaint survey was conducted by a representative of this office on , and deficient practice was identified at A0008. A revisit to the complaint survey was conducted on . . . . . Deficient practice was still identified at A0008.

During the complaint revisit on . . . . . at 5:00 p.m., it was determined that corrections had not been made. Interviews conducted with the facility administrator between 11:45 a.m. and 5:30 p.m. confirmed that the and findings still had not been corrected.

Class III

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 identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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

JPL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida