STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966134	06/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOOD SAMARITAN CARE CENTER, AL	6 RESTON PLACE PALM COAST, FL 32164	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An abbreviated licensure survey was conducted on , 18, 2015. Good Samaritan Care Center had deficiencies found at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, staff interview and document review, the facility failed to maintain a complete medication observation record (MOR) for 2 of 2 residents reviewed. (resident #1 and #2).

The findings include:

During observation of assistance with medications on at 1:00 PM, the medication aide provided 2 tablets of to Resident #2 at 1:00 PM. It was observed the MOR did not include the health care providers telephone number, the correct strength, or the directions for use of this medication. The physicians order was 325 mg 2 tab T.I.D." The MOR listed the dosage to be "2 Tab 350 mg."

During observation of assistance with medications on at 2:00 PM the medication aide provided one tablet of Clonadine 0.1 mg to Resident #1 at 2:00 PM. The pharmacy label and the physicians order were; "take 1 tablet (0.1 mg) by mouth everyday for The MOR stated only the word "Clonadine" and did not include the strength and directions for use.

During an interview with Staff B on at 2:15 PM she agreed the instructions for use of medications was not listed on the MOR. She reviewed the MOR for Resident #1 and #2 that revealed the directions for use was not found for any of the medications for Resident #1 or #2. In addition the phone number of the resident's health care provider was not found on the MOR for Resident #2. Statute 58A-5.0185(5) FAC states "a medication record must include the name of the resident's health care provider, the health care providers telephone number; the name, strength, and directions for us of each medication;

Class III

0164 - Records - Inspection Availability - 58A-5.024(4) FAC

Based on staff interview and document review the facility failed to make available all records required for inspection at all times by staff of the Agency of Health Care Administration.

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0164 Continued From page 1

The findings include:

During the annual recertification survey on a request was made to Staff B to provide trainings and certifications of current employees for review. Staff B stated she did not have access to those files and that the Administrator had them in her private residence. She stated the Administrator was out of town and the documents were not available.

During an interview by phone with the Administrator at 10:30 AM on she stated the staff files were in her home and she was out of town and would not be able to return on the day of survey. She said the information could be faxed to AHCA on the following day. On a fax was received that included the trainings and certifications of current employees of the ALF.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Samaritan Care Center
6 Reston Place
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state abbreviated licensure survey that was conducted on , 2015 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. **Please forward documentation of correction to the Field Office.** Staff from this office will conduct a review after 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,

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

JS/JM/sm
Enclosure
XG90

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