STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911795	07/01/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOOD SAMARITAN SOCIETY-FLORIDA LUTHERAN	450 NORTH MCDONALD AVENUE DELAND, FL 32724	

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

0000 - Initial Comments

A biennial licensure survey with Limited Nursing Services was conducted on . Good Samaritan Society had Licensure deficiencies found at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on staff interview and employee record review, the facility failed to ensure 3 of 4 sampled employees (Employee B, C, and D) received a minimum of 1 hour in-service training within 30 days of employment that covered reporting major incidents and adverse incidents and failed to ensure 1 of 4 sampled employees (Employee B) received a minimum of 1 hour in-service training within 30 days of employment that covered resident rights and recognizing and reporting .

The findings include:

Record review for Employee B (hired did not find any evidence she received training in reporting major incidents and adverse incident, resident rights. The facility could only provide evidence Employee B received .25 hours of training in related to .

Record review for Employee C (hired did not find any evidence he received training in reporting major incidents and adverse incident.

Record review for Employee D (hired did not find any evidence she received training in reporting major incidents and adverse incident.

The Administrator was notified of the missing training on at 11:55 AM. During the exit conference on at 3:15 PM the Administrator could not provide evidence of the training.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on staff interview and employee record review, the facility failed to ensure 1 of 2 sampled employees providing assistance with self-administration of medication successfully completed the initial 4 hour training on

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SUMMARY STATEMENT OF DEFICIENCIES
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0084 Continued From page 1

providing assistance with self-administered medications and safe medication practices in an assisted living facility. (Employee D)

The findings include:

Record review for Employee D (hired found the only medication administration training documented Employee D's personnel file was for 2 hour training on

The Administrator was notified of the missing 4 hour training on at 12:50 PM. She stated she would check with the company that provides the training. During the exit conference on at 3:15 PM the Administrator could not provide evidence of the training. She stated they looked in Employee D's archived employee record and could not locate evidence of the 4 hour training.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Samaritan Society-Florida Lutheran
450 North McDonald Avenue
DeLand, FL 32724

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on , 2015 by representatives 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 attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at .

Sincerely,

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

LW/JM/sm
Enclosure
XG90

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