# State Form: Revisit Report

| (Y1) Provider / Supplier / CLIA / Identification Number | (Y2) Multiple Construction | (Y3) Date of Revisit |
|---|---|---|
| AL11968441 | A. Building<br>B. Wing | |

| Name of Facility | Street Address, City, State, Zip Code |
|---|---|
| SAMSON VILLA OF ORANGE PARK | 2757 PEBBLERIDGE CT<br>ORANGE PARK, FL 32065 |

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

| (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date | (Y4) Item | (Y5) Date |
|---|---|---|---|---|---|
| ID Prefix A0008<br>Reg. # 429.26(4-6) FS; 58A-5.0181<br>LSC | Correction Completed | ID Prefix A0026<br>Reg. # 58A-5.0182(2) FAC<br>LSC | Correction Completed | ID Prefix A0054<br>Reg. # 58A-5.0185(5) FAC<br>LSC | Correction Completed |
| ID Prefix A0056<br>Reg. # 58A-5.0185(7) FAC<br>LSC | Correction Completed | ID Prefix A0123<br>Reg. # 429.27(3-4) FS; 58A-5.021(<br>LSC | Correction Completed | ID Prefix A0152<br>Reg. # 58A-5.023(3) FAC<br>LSC | Correction Completed |
| ID Prefix A0161<br>Reg. # 429.275(2) FS; 58A-5.024(2<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed | ID Prefix<br>Reg. #<br>LSC | Correction Completed |
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| | | | | |
|---|---|---|---|---|
| **Reviewed By**<br>**State Agency** | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** |
| **Reviewed By**<br>**CMS RO** | **Reviewed By** | **Date:** | **Signature of Surveyor:** | **Date:** |

**Followup to Survey Completed on:** _____

**Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?** **YES** **NO**

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968441 | R |
| NAME OF PROVIDER OR SUPPLIER<br>**SAMSON VILLA OF ORANGE PARK** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2757 PEBBLERIDGE CT**<br>**ORANGE PARK, FL 32065** | |

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

**0000 Initial Comments**

An unannounced revisit to the complaint survey involving two separate complaints, CCR# 2015001955 and CCR#2015003388, was conducted at Samson Villa of Orange Park, in Orange Park, Florida on , 2015. Repeat deficiencies were identified as a result of the survey.

**0052 Medication - Assistance with Self-Admin**

Based on record review and staff interview, the facility failed to assist residents with self-administered medications in accordance with procedures described in section 429.256, F. S. for two of three sampled residents. (Residents #1 and #3)

The findings included:

On / , a revisit to the complaint survey was conducted. A0052 was previously cited, and had not been corrected by the time of the revisit due to the following:

A review of the and 2015 Medication Observation Record (MOR) revealed that Resident #1 still had the following "as needed" (PRN) medication ordered that was ordered during the survey:

0.25 mg tabs, 1 PO (by mouth) (three times daily) PRN (as needed) for agitation. There were no times if administration documented on the MOR. The pack of medication read: 0.25 mg (milligram) tablets. Take one tablet by mouth three times daily as needed for agitation, restlessness, irritation. (photographic evidence obtained)

An review of Resident #3's and MORs revealed that the MORs still did not coincide with the medication bottle/order as follows:

mg, 1 tab (four times daily) or PRN (as needed). The medication was scheduled for 9:00 a.m., 1:00 p.m., and 6:00 p.m. (Photographic evidence obtained)

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The medication bottle read: / 5-325 mg tablets, take one tablet by mouth three times daily as needed for pain. (Photographic evidence obtained)

An interview with the administrator at 4:30 p.m. confirmed that Residents #1 and #3 were not able to request for agitation or for pain. The administrator confirmed that the staff would have to determine that Resident #1 was agitated or that Resident #3 was in pain, and then provide the medications as they felt they were needed. The administrator confirmed that he employed no licensed staff, and that he himself was not licensed. The administrator reviewed the MORs for Resident #3 and confirmed that they did not coincide with what was written on the medication packaging.

This was previously cited on .

Class III

**0078 Staffing Standards - Staff**

Based on record review and staff interview, the facility failed to ensure each employee had submitted a freedom from communicable statement from their physician within 30 days of hire that stated they were free of communicable , including ( ) for three (Employees A, B and C) of four sampled employees. The facility also failed to ensure that all employees obtained a negative test or a statement of freedom from annually for two (Employees A and C) of four sampled employees.

The findings included:

On , a revisit to the complaint survey was conducted. A0078 was previously cited, and had not been corrected by the time of the revisit due to the following:

An review of the personnel files for Employees A, C and D revealed that there was still no statement from their physicians indicating they were free from communicable , including . Employees A and C still had no proof of current negative testing or a current statement

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indicating that they were free from . Employee A's most recent documentation of freedom from was dated , and Employee C's most recent documentation of freedom from was dated .

An interview with the administrator at 4:00 p.m. confirmed that required documentation had still not been obtained. He stated that he would have the matter addressed right away.

This was previously cited on .

Class III

**0082 Training - /**

Based on record review and staff interview, the facility failed to provide the required ( ) training within 30 days of hire for two (Employees A and C) of four sampled employees.

The findings included:

On , a revisit to the complaint survey was conducted. A0082 was previously cited, and had not been corrected by the time of the revisit due to the following:

An review of the personnel files for Employees A and C revealed that there was still no proof of training in either file.

An / interview with the administrator at 4:00 p.m. confirmed that the required training had still not been completed.

This was previously cited on .

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Class III

**0083 Training - First Aid and**

Based on record review and staff interview, the facility failed to ensure that one of four sampled employees (Employee A), who work alone with the residents during her shift, had completed First Aid training. The facility also failed to ensure that one of four employees sampled (Employee D) had completed a ( ) class which required a physical demonstration of skills.

The findings included:

On , a revisit to the complaint survey was conducted. A0083 was previously cited, and had not been corrected by the time of the revisit due to the following:

An / / review of Employee A's personnel file revealed that she still had no proof of First Aid training.

An / / review of Employee D's personnel file revealed that he still had no proof of a class certificate that required a physical demonstration of skill component. The class the employee had taken was an online course only.

An interview with the administrator at 3:20 p.m. confirmed that Employee A had not yet received the required training and Employee D (administrator) had still not completed A class which required physical demonstration of skills.

Review of the facility staff schedule for the month of 2015 revealed employees were usually scheduled to work a shift by themselves, requiring each to be trained and certified in First Aid and

This was previously cited on

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SUMMARY STATEMENT OF DEFICIENCIES
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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Re: CCR #2015001955
CCR #2015003388

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 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, CHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

BBT7

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