RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2016

Administrator
Good Samaritan Retirement Home
507 Southeast 1st Avenue
Williston, FL 32696

RE: CCR #2015010292 & 2015010611

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ', 2015 by a representative of this office.

Enclosed 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than ', 2016.** 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charlon Berry for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	12/30/2015
NAME OF PROVIDER OR SUPPLIER **GOOD SAMARITAN RETIREMENT HM**	STREET ADDRESS, CITY, STATE, ZIP CODE **507 S.E. 1ST AVENUE WILLISTON, FL 32696**	

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

0000 Initial Comments

On ,2015 through , 2015 a complaint investigation survey (CCR 2015010292, CCR 2015010611) was conducted at the Good Samaritan Retirement Home. Deficient practice was identified during the survey.

0077 Staffing Standards - Administrators

Based on interviews and observation, the facility failed to ensure that the manager met all the requirements of an administrator, for 37 of 37 residents.

Findings:

On at approximately 9:45 AM an entrance conference was conducted with staff A who stated she was the facility manager. She stated she has attended core training but she has not taken the core competency test. She stated she has been the manager of the facility since 2015.

On at approximately 11:25 AM an interview was conducted with the Administrator. During the interview the Administrator stated she is the Administrator of more then one facility. She stated that staff A has attended the core training but has not taken the core test. She said that staff A has been the manager of the facility since , 2015.

An observation was conducted during the survey dates of and of Staff A on the premises and working.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observations and interviews the facility failed to ensure all existing architectural, mechanical, electrical systems were maintained in good working order for 37 of 37 residents.

Findings:

On at approximately 10:44 AM it was observed that the electrical plug in resident -14 was missing its cover.

On at approximately 9:10 AM resident -9 was observed to have a ceiling fan that did

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not work and was missing light bulbs from the light sockets.

On at approximately 9:15 AM it was observed the skylights in the main living observed to have peeling paint.

On at approximately 10:15 AM resident -8 was observed to have a large drywall patch that was unfinished and missing a cover for the electrical plug on the same wall.

On at approximately 11:40 AM the Administrator was shown these physical plant issues and she stated she was unaware of the issues and would have them fixed.

Class III