STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968620	04/19/2016
NAME OF PROVIDER OR SUPPLIER **GOOD SAMARITAN HOME II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1100 NW 104 STREET** **MIAMI, FL 33150**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2016. Good Samaritan Home II had the following deficiencies identified at time of the survey:

0054 Medication - Records

Based on observation and record review the facility failed to assist five out of six (#1, 2, 3, 4, and 5) sampled residents with self administration of medications according to statutory guidelines.

Finding included:

On at 8:45 AM,during medication pass, observed Staff B punched medications from packs for Residents #1, 2, 3, 4, and 5 into clear cups. Staff B then placed the corresponding cup next to each resident as they were seated at the dining table. The medication log was not review prior to giving medications and the residents were not told what meds they were taking. Residents were not observed swallowing the medications because Staff B gave each resident their medication and then walk away.

A review of the medication observation record (MOR) at 9:00 AM show Residents #1, 2, 3, 4, and 5's medications were not initialed after each resident recieved them.The medication log was not initialed until 10:03 AM.

On at 3:45 PM the Owner stated that she would retrain the staff.

Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to appoint a separate manager for each facility.

Findings included:

Review of the Florida Healthfinder database revealed Staff A is the Administrator of two facilities. Tour and record review found the facility had not appointed a manager for either of the facilities.

On at approximately 3:45 pm, the Owner confirmed that they do not have a manger for either facility.

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Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to provide documentation that one out of three (#A) sampled staff had a negative examination annually.

Findings included:

Record review on found that Staff A did not have current proof of a negative examination. The last statement for Staff A was dated and expired on .

On at 3:50 PM with the Owner acknowledged that the Adminstrator did not have an updated proof of negative in the file.

Class III

0082 Training - / .

Based on record review and interview facility failed to ensure one out of three (#C) sampled staff had documentation of completing / training.

Findings included:

A review on of staff files for Staff C (hired) showed no documentation of that staff had completed two hours of training on / .

On at 3:45 PM after reviewing the files, the Owner acknowledged that Staff C had no documentation of / training.

Class III

L243 LMH - Training

Based on record review and interview, the facility failed to ensure the staff who are in direct contact with mental health residents receive the 6 hours minimum training and the 3 hours update provided by or approved by the Department of Children and Families Services for two out of three (#A and B) sampled staff.

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

Finding included:

Record review conducted on / revealed Staff A (hired) documentation of having completed the minimum 8 hours training dated . Staff A has 8 hours limited mental health (LMH) minimum training was dated expired .

Record review conducted on / revealed Staff B (hired /) had no documentation of having completed the minimum 6 hours LMH training.

On / at 4:00 PM, the Owner acknowledged Staff A and B did not have the training's for LMH.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Good Samaritan Home Ii Llc
1100 Nw 104 Street
Miami, FL 33150

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) 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 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(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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