STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968620	R 06/14/2016
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 Revisit Survey was conducted on 14, 2016. Good Samaritan Home II License #12512 had the following deficiency identified at time of the survey:

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview the facility failed to honor the rights of five out of five (#1, 2, 3, 4, & 5) residents.

Findings included:

Observations made at arrival on at 11:30 AM found chains on three different gates for entry, padlocked shut. After several calls on / yielded no response, was unable to enter the facility. A call was made on to supervisor to advise of the situation. The Administrator arrived after call from AHCA office supervisor. Further observation on / at 12:00 PM after entering facility found there were five residents and one staff member in the facility.

Interviewed on at 12:30 PM, the Administrator acknowledged that he placed the locks on the gate because he did not want anyone to break in. He stated, "They have broken into the home before."

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 revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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 (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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