



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2016

Administrator
Good Samaritan Retirement Home
507 S.E. 1st Avenue
Williston, FL 32696

Dear Administrator:

This letter reports the findings of a revisit survey conducted on September 1, 2016 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.

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 September 1, 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 (386) 462-6201.

Sincerely,



Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910275	(X3) DATE SURVEY COMPLETED R 08/08/2016
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

A follow-up visit for complaint survey (CCR #2016003609, 2016004885 & 2016006532) was conducted on [redacted] at Good Samaritan Retirement Assisted Living Facility (facility license number 25). The facility was not in compliance at this time.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to ensure that 2 of 28 resident (A-2 and A-4) were free from bed bug infestation; and, the facility failed to ensure a decent living environment for 4 of 35 residents (Residents #3, #4, #5 and #6), inhabitants of A-2 and A-4, by not ensuring that their [redacted] were free from bed bug infestation.

Findings:

On [redacted] at 10:18 AM, an observation was jointly conducted with the Levy County Health Department Environmental [redacted] of [redacted] -2. The [redacted] observed to contain 2 beds. The bed by the door of the [redacted] observed to have 3 to 4 bed bugs at the head of the bed on the bed sheet. The bed by the window was observed to have a cluster of bed bugs and a dark substance on the bed sheet.

On [redacted] at 10:18 AM, an interview was conducted with the Levy County Health Department Environmental [redacted], who confirmed he observed 3 to 4 full grown bed bugs on the bed by the door in [redacted] -2, and he observed a cluster of bed bugs on the bed by the window in [redacted] -2. He further stated the bed by the window was covered with bed bug droppings.

On [redacted] at 10:19 AM, the staff person in charge confirmed the presence of bed bugs in [redacted] -2 and stated the facility has a pest control company that she can call immediately.

On [redacted] at 10:21 AM, an observation was jointly conducted with the Levy County Health Department Environmental [redacted] of [redacted] -4, which is an adjoining [redacted] -2. The [redacted] observed to contain 2 beds. The bed by the window, closest to the door adjoining [redacted] -2, was observed to have 1 bed bug on the sheet by the head of the bed.

On [redacted] at 10:21 AM, an interview was conducted with the Levy County Health Department Environmental [redacted], who confirmed the presence of 1 bed bug on the bed by the window in [redacted] -4.

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

On [redacted] at 10:47 AM, an interview was conducted with the Levy County Health Department Environmental [redacted]. He stated that he and his supervisor inspected the facility in [redacted] 2016 and found bed bugs in [redacted]-2. He stated he believes the current bed bug infestation is not widespread, but contained to the 2 [redacted], [redacted]-2 and A-4. He stated the finding for this current inspection will be Unsatisfactory.

On [redacted] at 10:52 AM, an interview was conducted with the staff person in charge, who stated the initial bed bug treatment occurred on [redacted] 11 [redacted]. She stated the pest control company last came to the facility 2 1/2 to 3 weeks ago to treat for bed bugs. When asked for documentation of the most recent visit, she stated she does not have invoices, but would have to request them from the company office.

Class III