RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

RE: CCR #2016008813, 2016011857

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 by representative(s) 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 , 2017.** 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	C 01/03/2017
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

An unannounced complaint investigation (CCR #2016011857 and CCR #2016008813) was conducted on 1/3/2017 at Good Samaritan Retirement Home (facility license number 25). Deficiencies were identified during the visit.

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on record review and interview, the facility failed to ensure the proper criteria was met for the admission of 1 of 3 residents (Resident #1).

Findings:

On 1/ , a review of Resident #1's closed record reveled there was nothing. The facility provided no written information during the survey for this resident.

During an interview with the facility Manager/Administrator Designee on 1/ at 10:30 AM, she stated she had no written information on Resident #1. She stated she gave the written paperwork for this resident to the state Protective Services Agency without keeping the original copies. She stated they investigated the admission/discharge of this resident, which was on the same day, , because she told the hospital their facility could not meet his needed level of medical care. She confirmed she visited the resident in a nursing home and did not do a thorough assessment. She stated the resident had - which was in a very severe state. She stated he was transported by emergency services on the admission day to the hospital, unable to breathe. He had no services.

On 1/ at 2:00 PM, an interview was conducted with the Admission Director of the nursing home, who admitted Resident #1 from the hospital. She said he is on 24/7. She stated he was stabilized in the hospital for approximately 10 days before coming to their facility. She stated he cannot finish a sentence without taking a break, due to lack of . She stated he is receiving Hospice services. She denied any pressure sores. She said this was an appropriate nursing home resident.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview, the facility failed to provide a written letter of relocation/termination of residency, with proper notice, for 1 of 3 residents (Resident #1).

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GOOD SAMARITAN RETIREMENT HM	**507 S.E. 1ST AVENUE WILLISTON, FL 32696**

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

Findings:

On 1/3/2017, a review of Resident #1's closed record reveled there was nothing. The facility provided no written letter of termination or relocation with proper notice time, or any other information, during the survey, for this resident.

During an interview with the facility Manager /Administrator Designee on 1/ at 10:30 AM, she stated she had no written information on Resident #1. She stated she gave the written paperwork for this resident to the state Protective Services Agency without keeping the original copies. She confirmed she never devised any letter for the resident at all. She stated he was admitted and transported to the hospital on the same day, . She stated they determined he could not be admitted back to the facility but did not inform anyone but the hospital. They did not inform anyone though a written letter.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and interview the facility failed to maintain any records for 1 of 3 residents (Resident #1).

Findings:

On 1/ , a review of Resident #1's closed record reveled there was nothing. The facility provided no written information during the survey for this resident.

During an interview with the facility Manager /Administrator Designee on 1/ at 10:30 AM, she stated she had no written information on Resident #1. She stated she gave the written paperwork for this resident to the state Protective Services Agency without keeping the original copies. She stated they investigated the admission/discharge of this resident, which was on the same day, , because she told the hospital their facility could not meet his needed level of medical care. She confirmed she visited the resident in a nursing home and did not do a thorough assessment. She stated the resident had which was in a very severe state. She stated he was transported by emergency services on the admission day to the hospital, unable to breathe. He had no services.

On 1/ at 2:00 PM, an interview was conducted with the Admission Director of the nursing home, who admitted Resident #1 from the hospital. She said he is on 24/7. She stated he was stabilized in the hospital for approximately 10 days before coming to their facility. She stated he cannot

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finish a sentence without taking a break, due to lack of . She stated he is receiving Hospice services. She denied any pressure sores. She said this was an appropriate nursing home resident.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to obtain/maintain the employee criminal background screening for 2 of 5 employees (Staff D and E).

Findings:

On / , a review of Staff D and E's personnel records revealed there was no record for Staff E. Staff D had no copy of her background screening. Review of the electronic state system revealed no screening results were found.

During an interview with the facility Manager on / at 1:20 PM, she revealed she had no documentation to prove any criminal background screenings had been conducted for Staff D and E. She confirmed Staff D was still employed. She stated Staff D would be removed from the schedule till she completed the background screening. She stated Staff E only worked a matter of hours before she left the employment. The Manager stated Staff E was disruptive and could not work there. She had no further information for Staff E.

Unclassified

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain/update the employee criminal background screening roster for 2 of 5 employees (Staff D and E).

Findings:

On / , a review of Staff D and E's personnel record revealed there was no record for Staff E. Staff D had no copy of her background screening. Review of the electronic state system including the employee roster revealed no information was found for Staff D and E.

During an interview with the facility Manager on / at 1:20 PM, she revealed she had no documentation to prove any criminal background screenings had been conducted for Staff D and E. She confirmed Staff D was still employed. She had no information regarding any compliance with the

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SUMMARY STATEMENT OF DEFICIENCIES
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employee roster.

Unclassified