

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910275	(X3) DATE SURVEY COMPLETED R 03/24/2017
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 visit for a follow up on complaint survey for CCR#2017001319 was conducted on 3/24/2017 at Good Samaritan Retirement Home (facility license number 25). No deficiencies were identified.		