STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	**03/31/2017**
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 Change of Ownership (CHOW) Survey was conducted on through at Good Samaritan Retirement Home, 507 SE 1st Avenue, Williston, Florida (Facility License Number 25). Deficient practice was identified at the time of the survey.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on interview and record review, the facility failed to ensure proper documentation in the resident records to support the appropriateness for continued residency in the facility for 2 of 2 residents (Resident #14 and Resident #15, respectively).

Findings Include:

On at 2:30 PM, an interview was conducted with a nurse from Brooks Americare Home Health. During the interview, she stated Resident #15 developed a pressure (1.6x1.8x.01 CM) on which is a significant change.

On , a record review was conducted on Resident #15's Resident Health Assessment (AHCA Form 1823), dated . The 1823 health assessment did not reflect the resident's change in condition, the development of a .

On , a record review was conducted on Resident #14's Hospice Care Plan, dated . The Hospice Care Plan failed to delineate the services being provided by the facility and those services being provided by Hospice. The Discipline of Care was identified on the resident's Hospice Care Plan as "SN" (Skilled Nursing).

An interview was conducted with the Administrator of the Hospice organization on at 10:41 AM. The Administrator, when asked about the Hospice Care Plan for Resident #14, stated his staff recently had a Compliance In-Service training to address the specifics of our roles in regard to care planning our Hospice Residents in Assisted Living.

On at 10:43 AM an interview was conducted with the Hospice Patient Care Manager. When asked why the discipline of care on the Hospice Care Plan for Resident #14 was noted as "SN" she stated, the system was automatically defaulting to "SN" (Skilled Nursing) but that has been corrected and was not reflecting correctly at the time the care plan was completed.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	03/31/2017
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)

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to have a freedom from communicable statement for 1 of 3 staff (Staff B).

Findings:

On , a record review was conducted on care staff, Staff B. It was observed that Staff B, who was hired on , did not have a freedom from communicable statement in her record.

On at 1:43 PM, an interview was conducted with the Administrator in reference to Staff B missing the freedom from communicable statement. After looking for it, he stated he could not find the required document.

Class III

0086 - Training - ADRD - 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to provide training documentation for 's and Related (ADRD) training for 1 of 3 staff (Staff C).

Findings:

On , a record review was conducted on care staff, Staff C, who started working at the facility on and provides care to ADRD residents. It was observed that she did not have ADRD Level I training documentation in her record.

On at approximately 11:00 AM, an interview was conducted with the Administrator. He stated Staff C has had ADRD Level I training, but the trainer never provided the certificate.

Class III

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

Based on record review and interview, the facility failed to have the Power of Attorney (POA) paperwork in the resident record for 1 of 2 residents (Resident #15).

Findings:

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

On , a record review was conducted on Resident #15's resident contract, dated . It was observed that the contract was signed by the resident's daughter, who is the POA. The facility did not have the POA paperwork in the resident's record.

On at 12:00 PM, the Administrator stated the facility does not have the POA paperwork for Resident #15.

Class III