STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911795	R 10/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-FLORIDA LUTHERAN	**450 NORTH MCDONALD AVENUE DELAND, FL 32724**

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

0000 - Initial Comments

An unannounced revisit survey for the biennial licensure survey was conducted at Good Samaritan Society-Florida Lutheran (License # 5455) on . . . . . , 2017. The facility had deficiencies found at the time of the visit.

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

Based on staff interview and employee record review the facility failed to ensure 3 of 6 sampled employees (Administrator and Employee B and C) provided evidence from a health care provider they were free from ( ) on an annual basis. The facility also failed to ensure 2 of 6 sampled employees (Employee D and E) provided a statement from a health care provider as evidence the employee did not show signs or symptoms of a communicable and were free from .

The findings include:

Record review of the personnel file for the Administrator (hired) found no evidence of a statement from a healthcare provider documenting the Administrator was free from communicable or .

Record review for Employee B (hired) found the most recent documentation of freedom from was a chest x-ray dated . . . . . .

Record review for Employee C (hired . . . .) found the most recent documentation of a negative test was dated .

Record review for D (hired) and Employee E (hired) found no evidence the Employees D or E had a statement from a healthcare provider documenting the employees were free from communicable or .

The findings were confirmed during an interview with the Assisted Living Nurse Manager on at 1:27 PM. The forms . . . not be locaated and were not produced by the end of the survey.

Class III