

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968441	(X3) DATE SURVEY COMPLETED 06/05/2014
NAME OF PROVIDER OR SUPPLIER Samson Villa Of Orange Park	STREET ADDRESS, CITY, STATE, ZIP CODE 2757 Pebbleridge Ct Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0008 - 58A-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced licensure complaint survey, CCR #2014004873, was conducted at Samson Villa of Orange Park on , 2014. Deficiencies were found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on resident record review, and an interview with the Administrator, the facility failed to ensure that each resident had a health assessment that was completed within thirty days of admission for two of five residents reviewed (2, 5).

The findings include:

A review of Residents #2 and #5 records revealed that they did not have documentation of a health assessment. An interview with the Administrator on , 2014, at 12:00pm. confirmed that Resident #2 should have a health assessment, but he could not produce documentation at the time of the survey. He also stated that Resident #5 did not have a health assessment and was not able to say why there was no effort to have the assessment completed as required. He confirmed that both Resident #2 and #5 have been at the facility for longer than 30 days.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on employee record review and an interview with the Administrator, the facility failed to ensure that each volunteer/employee working in direct care of resident activities, must have a completed background screening that states they are eligible to work in the facility for three of five employees reviewed (A, C, D).

The findings include:

A review of Employees A, C, and D, records revealed that they did not have documentation of background screening. An interview with the Administrator on , 2014, at 1:30pm. confirmed that Employees A, C, and D did not have a background screening at the time of the survey.

Unclassified



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Samson Villa Of Orange Park
2757 Pebbleridge Ct
Orange Park, FL 32065

RE: CCR #2014004873

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2014 by a representative of this office.

Attached 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. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Sincerely,

A handwritten signature in black ink, reading "Jana Meyering", is written over the typed name.

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JPL/JM/sm
Enclosure

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