STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968441	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Samson Villa Of Orange Park	2757 Pebbleridge Ct Orange Park, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

(If first visit, delete all Revisit sections)
Revisit Corrected Tags:
0080-Training - Core & Competency Test-02/
0082-Training -
0083-Training - First Aid And
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/17/2015
0085-Training - Nutrition & Food Service-0
0161-Records - Staff-02/

Revisit Repeat Tags:
0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
007(3a-5.0186 Fac
0081-Training - Staff In-Service-58a-5.0191(2) Fac
0090-Training - -5.0191(11) Fac
0160-Records - Facility-58a-5.024(1) Fac

Revisit New Tags:
0079-Staffing Standards - Levels-58a-5.019(3) Fac
0091-Training - Documentation & Monitoring-58a-5.0191(12) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the licensure survey was conducted on Samsun Villa of Orange Park had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, the facility failed to maintain a written grievance procedure that included procedures for residents to recommend changes to facility policy and procedures. This had the

potential to impact 5 of 5 residents residing in the facility.

The findings include:

A review of the facility's Grievance Policy & procedure was reviewed (photographic evidence obtained). The policy and procedure did not address the procedure or policy for residents to recommend changes to facility policies and procedures.

An interview was conducted with Employee D, House Manager on at 10:40 am. She confirmed the missing information.

Class III

007(58A-5.0186 FAC
Based on record review and staff interview, the facility failed to develop written policy and procedures for Do Not

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Orders . This had the potential to impact 5 of 5 residents residing in the facility.

The findings include:

An interview was conducted with the Employee D, House Manager on at 10:25 AM. She stated she does not recall the administrator completing a in-service or training. She said she did not see it in her employee file. When asked for Employee C in-service, Employee D stated, " As I said, there was no training on I cannot recall ever doing it " . Employee D said she was unable to locate a policy.

Review of the facility policies and procedures revealed there was not a written policy located at the time of survey.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC
Based on observation and interview, the facility failed to ensure that at least one staff member who has access to facility records, is at the facility at all times while residents are present.

The findings include:

On at 8:55 AM, the survey entered the facility for an unannounced follow up visit. Employee F was observed to be the only staff at the facility. During this observation, three residents were observed in the living television.

On at 8:55 AM, Employee F was asked to provide the facility's admission and discharge log, policy for and employee files. Employee F stated that she did not know where anything was located. She reported she did not know where the Administrator kept his records.

Records for employees were not obtained until 9:59 AM on when the Manager arrived at the facility and retrieved the requested items.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on interview and record review, the facility failed to maintain appropriate documentation of the required staff education 2 out of 2 sampled employees. (Employee C & D)

The findings include:

Review of Employee C's file revealed training on Control, Nutrition and Safe Handling, Recognizing and Reporting Neglect and , Residents Rights, Emergency Preparedness and Evacuation and Incident Reporting dated on . The certificates did not have the number of hours recorded for each education. Also, review of the Elopement Response dated did not have the number of hours listed on the certificate. There was not a training certificate in Employee C ' s file. It could not be confirmed that Employee C received the required minimum hours for each required in-service training.

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Review of employee D's file revealed that training's for control, Nutrition and Safe Handling, Recognizing and Reporting , Neglect and Residents Rights, Elopement Response, Emergency Preparedness and Evacuation and Incident Reporting dated on did not have the number of hours completed on the certificate. There was not a training certificate in Employee D ' s file. It could not be confirmed that Employee D received the required minimum hours for each required in-service training.

Review of the staff schedule revealed that Employee D & Employee C were listed as working at the facility since 2014.

An Interview was conducted with Employee D, House Manager on at 10:30 am. House Manager stated that all staff members went on the computer and completed one hour training for each area but she could not provide the documentation for the training. She agreed that the certificates should show the number of hours it took to complete the training's. She said she told the administrator that the hours needed to be included on the certificates and he said he would do it, but he did not.

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and staff interview, the facility failed to maintain documentation of completion of training in the facility policies and procedures regarding for 2 of 2 sampled employees. (Employee C & D)

The findings include:

Review of Employee C & D's personnel files revealed there had been no documentation in their files related to training.

Review of the staff schedule revealed that Employee D & Employee C were listed as working at the facility since 2014.

On at 10:25 AM an interview with Employee D stated she does not recall the administrator completing a in-service or training. She said she did not see it in her employee file. She said she could not find a facility policy for She reviewed Employee C's file and said she did not have the training on in her employee file. She stated, " As I said, I cannot recall ever doing it " .

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on record review and interview, the facility failed to maintain training documentation that had all required information including the number of hours of the training program for 2 of 2 sampled employees (Employee C & D).

The findings include:

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Review of Employee C's file revealed training on Control, Nutrition and Safe Handling, Recognizing and Reporting Neglect and Residents Rights, Emergency Preparedness and Evacuation and Incident Reporting dated on The certificates did not have the number of hours recorded for each education. Also, review of the Elopement Response dated did not have the number of hours listed on the certificate. There was not a training certificate in Employee C ' s file. It could not be confirmed that Employee C received the required minimum hours for each required in-service training.

Review of employee D's file revealed that training's for control, Nutrition and Safe Handling, Recognizing and Reporting Neglect and Residents Rights, Elopement Response, Emergency Preparedness and Evacuation and Incident Reporting dated on did not have the number of hours completed on the certificate. There was not a training certificate in Employee D ' s file. It could not be confirmed that Employee D received the required minimum hours for each required in-service training.

Review of the staff schedule revealed that Employee D & Employee C were listed as working at the facility since 2014.

An Interview was conducted with Employee D, House Manager on at 10:30 am. House Manager stated that all staff members went on the computer and completed one hour training for each area but she could not provide the documentation for the training. She agreed that the certificates should show the number of hours it took to complete the training's. She said she told the administrator that the hours needed to be included on the certificates and he said he would do it, but he did not.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on record review and staff interview the facility failed to maintain an up to date admission and discharge log.

The findings include:

Review of the admission and discharge log did not list the new admission, Resident #6, who was admitted on 2015. Further review of the admission and discharge log revealed the following omissions: the admission and discharge log did not list why former resident, Resident #1 was discharged from the facility, failed to list where Resident #2, #3, and #5 were admitted from.

On at 11:25 AM an interview with Employee D stated, she did know why the admission and discharge log was incomplete.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Samson Villa of Orange Park
2757 Pebbleridge Court
Orange Park, FL 32065

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2015.

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 (904) 798-4201.

Sincerely,

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

LL/JM/sm
Enclosure

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