RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Samaritan Retirement Hm
507 S.E. 1st Avenue
Williston, FL 32696

RE: CCR #2015007242
CCR #2015007749
CCR #2015008053
CCR #2015008331

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 28-30 2015 by representative(s) of this office.

Enclosed 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910275	09/29/2015
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

On . . . & . . . a complaint surveys (CCR #2015007242, 7749, 8053, 8331) was conducted at Good Samaritan Assisted Living Facility in Williston, Florida. Deficient practice was identified at the time of this survey.

0010 Admissions - Continued Residency

Based on record review and interviews the facility failed to develop and implement an interdisciplinary care plan for 3 of 3 hospice residents (residents #6, #9, and # 10), which specifies the services being provided by hospice and those being provided by the facility.

Findings include:

On . . . at 2:17 PM a record review was conducted for Resident #6 during the review. An interdisciplinary care plan was not found in Resident #6's records.

On at approximately 2:17 PM the Administrator was asked to provide the interdisciplinary care plan for resident #6. She stated there is no interdisciplinary care plan with hospice just the hospice care plan. At 2:19 PM the Administrator was asked if there was an interdisciplinary care plan for hospice Resident #9 and Resident #10. She stated no the facility does not have an interdisciplinary care plan with hospice for resident #9 & #10.
Class III

0025 Resident Care - Supervision

Based on record reviews and interviews the facility failed to provide appropriate supervision for 4 of 15 residents reviewed (residents #5, 10, 12, and 14).

Findings:

On . . . a record review was conducted for residents #5, 10, 12, and 14. It was observed resident #5 health assessment (AHCA form 1823) shows he is an elopement risk. futher review revealed on . . . at approximately 9:30 PM resident #5 wanted to go outside to smoke. At 10:00 PM staff went to check on the resident and he was gone.
On . . . at 1:40 PM resident #5 was interviewed. He stated he left the facility 2 or 3 weeks ago without notifying staff and the police found him and brought him back to the facility.
On . . . . a record review of resident #10's health assessment (AHCA form 1823). It shows she has

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a diagnosis history of and . Special precautions state: poor safety awareness.
Further review of the record revealed on at approximately 4:05 PM resident was found missing from the facility. At 5:20 PM a neighbor found the resident sitting on the ground picking up rocks.
On a record review of resident #12's health assessment (AHCA form 1823) revealed he is an elopement risk. Further review of the record revealed on at approximately 5:30 PM the resident went outside to smoke with another resident and did not return to the facility.
On at 3:26 PM staff E was interviewed. Staff E stated resident #12 left the facility the first day he was in the facility. He went outside to smoke and he did not come back. Law enforcement was called and they found him and brought him back to the facility.
On a record review was conducted on resident #14. The resident's health assessment (AHCA form 1823) states her diagnosis is and . Further review revealed on at approximately 4:05 PM the resident #14 was discovered missing from the facility. At 5:20 PM a neighbor found the resident was found walking by the rail road tracks and brought back to the facility.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interviews and record reviews the facility failed to submit an adverse incident report within 1 business day for 4 of 5 sampled residents after the occurrence of events reported to law enoforcement for investigation (residents #5. #10, #12, and #14).
Findings include:
On at 11:30 AM interview was conducted with Administrator. She stated Resident #12, who resides in memory care, left the facility after dinner on . She stated he smokes and went outside smoke and left unnoticed. Law enforcement was called to help locate the resident. They found him and brought him back. No adverse incident was filed.
On at 1:40 PM Resident #5 was interviewed. He stated he left the facility 2 or 3 weeks ago without notifying staff and the police found him and brought him back to the facility.
On at 3:26 PM staff E stated resident #12 left the facility the first day he was admitted. He went outside to smoke and did not come back. Law enforcement was called and they found him and brought him back to the facility. This happened about a week ago. She stated the facility did not submit an adverse incident report to the state.
On at 11:54 AM the Administrator was asked about 2 residents that were reported to have eloped from the facility memory care. She stated she needed to check their incident log.
On The Administrator provided a record of an elopement of resident #10 and #14. The report showed on residents #10 and #14 left the facility together at approximately 4:05 PM and were returned to facility at 5:20 PM by neighbors. Law enforcement was called when they discovered they were missing.

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SUMMARY STATEMENT OF DEFICIENCIES
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On . . . at 12:54 PM Staff E stated they do not know how Rresidents #10 and #14 got out of the memory care unit, but they believe they went out during the dining process.
A review of all resident records confirmed there where no adverse incidents filed for residents (residents #5. #10, #12, and #14). .
Class III