STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	105651	A. BUILDING _____ B. WING _____	**07/28/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GOOD SAMARITAN SOCIETY-DAYTONA	**325 S SEGRAVE STREET DAYTONA BEACH, FL 32114**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0609 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to ensure that allegations involving abuse/neglect were reported to the State Agency within 24 hours and reported results of the investigation to the administrator and the State Agency within five working days of the incident for one (Resident #1) of two residents sampled for allegations of abuse/neglect. The findings include: A record review for Resident #1 revealed an [AGE] year-old male admitted on [DATE] with [DIAGNOSES REDACTED]. He was alert with confusion. He required extensive assistance with activities of daily living. He had a brief interview for mental status (BIMS) score of 6 out of a possible 15 points, indicating severe cognitive impairment. He was determined to be at a high risk for falls due to his history of multiple falls. A review of a nursing progress note dated 4/3/20, revealed Resident #1 was found on the floor beside his bed. Upon examination, the nurse observed his right upper leg was bent, and he yelled out stating it hurt. He was transferred to the hospital with a new [DIAGNOSES REDACTED]. On 4/4/20, an investigation was conducted by the Director of Nursing (DON) regarding how the fall occurred. The conclusion of the investigation revealed that the Certified Nursing Assistant (CNA), Employee A, assigned to Resident #1, failed to make rounds every two hours as required and as a result, Resident #1 got up out of bed to remove his urine-soaked brief and fell . Employee A was suspended pending investigation. After further interviews and investigation, the facility determined there was neglect on the part of Employee A and the CNA was terminated from employment. An interview was conducted with the DON at 3:08 pm on 7/28/20. She was asked if an immediate and five-day report was filed after the incident regarding the fall of Resident #1 on 4/3/20. She stated she conducted the investigation but did not report the event as potential abuse/neglect. .

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE