Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967421	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE	1471 SUNGATE DRIVE KISSIMMEE, FL 34746

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A survey for complaint #2024013367 was conducted on at Good Samaritan Society Kissimmee Village Assisted Living Facility. There was a deficiency identified at the time of the survey.	A 000		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 1 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. Findings: On at 11:12pm an interview with resident #1 was conducted via telephone. She said she lived in apartment 1111. She said her a/c was not working from -the day she moved out on . She said she made the facility manager aware. Maintenance checked it a couple of times, but they did not do anything to fix it. The caregivers tried to adjust the thermostat but were unable to. She said she finally just turned the thermostat off because the blinking light bothered her. A review of resident #1 closed record revealed she was admitted on and discharged on . On at 12:30pm requested the a/c maintenance and repair documentation from the marketing director (staff B) for the third time. This survey was provided with an outside company's invoices. A review of service provided by for A/C maintenance and repairs found documentation a	A 152		

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A 152	Continued From page 2 technician was in the facility completing repairs on , 8, 9, and 21/2024. Only was provided. This surveyor requested and , maintenance and repair documentation from the staff filling in for the administrator (C). She provided 3 pages of undated a/c maintenance and repairs performed by a third party. Hall 1100 where resident #1's apartment was located was documented as a/c not working 10 times. Resident #1's room was documented once. The actual repairs and dates were not documented. On at 1:05pm Spoke with the administrator via telephone. He said resident #1's a/c was not working, and a work order was written on . It was closed on . At 1:40pm the facility preventative maintenance and repair logs requested an interview with the Maintenance Director from the staff filling in for the administrator (C). Neither was provided. At 1:45am interview with unlicensed caregiver A. She said she had adjusted resident #1's thermostat in the past. She said the a/c was not out for an extended period. It was out right before she moved out. At 2:20pm the staff filling in for the administrator confirmed she could not provide any a/c maintenance or repair documentation for residents 1. Class III	A 152		