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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967421</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>09/30/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Good Samaritan<br/>Society-Kissimmee Village</b>                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1471 Sungate Drive<br/>Kissimmee, FL 34746</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**List of Tags Cited:**

St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

Unannounced Limited Nursing Services (LNS) monitoring was conducted. Good Samaritan Society -Kissimmee had a deficiency found during the visit.

**0161-Records - Staff 58A-5.024(2) FAC**

Based on personnel record review and interview the facility failed to ensure staff records contained all the mandated documentation for 3 of 4 sampled staff (A, C, and D)

**Findings:**

Staff C stated at approximately 1:30 PM that the community had Home Health Agency on campus and staff D, who was a Registered Nurse case manager conducted the monthly assessments for the facility residents who received Limited Nursing Services (LNS).

Personnel record review at approximately 3 PM revealed that:

Staff A had a \_\_\_\_\_ test dated \_\_\_\_\_ that was administered, read and signed and dated by a nurse, not a healthcare provider. There was no evidence to confirm freedom from \_\_\_\_\_ in 2013 (due \_\_\_\_\_)

Staff C did not have a statement from a healthcare provider to indicate freedom from communicable \_\_\_\_\_. She only had a \_\_\_\_\_ test dated \_\_\_\_\_ administered, read, and signed by a nurse, not a healthcare provider. There was no evidence to confirm freedom from \_\_\_\_\_ in 2013 (due \_\_\_\_\_)

Staff D did not have a job description that delineated her responsibilities regarding the supervisor and guidance she would provide the Licensed Practical Nurses (LPN) as per Chapter 464 of the Florida Statutes- the Nurse Practice Act and Chapter 64B9 Florida

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/23/2013  
FORM APPROVED

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Administrative Code -Rules of The Board of Nursing or what her responsibilities were regarding LNS. The job description available for review was for a Home Health Care case manager.

The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.

The administrative staff who assisted with the personnel record stated at approximately 4 PM that she was unable to locate any other documentation.

Class III



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

, 2013

Administrator  
Good Samaritan Society-  
Kissimmee Village  
1471 Sungate Drive  
Kissimmee, FL 34746

Dear Administrator:

Re: LNS monitoring

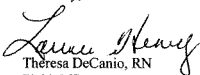
This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

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 , 2013, 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

  
Theresa DeCanio, RN  
Field Office Manager

LH/be  
Enclosure

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<http://ahca.myflorida.com>



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