

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967421	(X3) DATE SURVEY COMPLETED 12/30/2013
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society-Kissimmee Village	STREET ADDRESS, CITY, STATE, ZIP CODE 1471 Sungate Drive Kissimmee, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0161-Records - Staff-12/30/2013

Specific Tag Findings:

0000-Initial Comments

12/30/2013 Unannounced revisit was conducted. The facility had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 9, 2014

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

RE: Revisit to LNS monitoring

Dear Administrator:

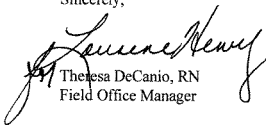
This letter reports the findings of a state licensure survey revisit conducted on December 30, 2013 by representative(s) of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

