STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	08/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Samaritan Society-Kissimmee Village	1471 Sungate Drive Kissimmee, FL 34746	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D

Specific Tag Findings:

0000-Initial Comments
A monitoring visit for Limited Nursing Services (LNS) was conducted on Good Samaritan Society -Kissimmee Village had deficiencies found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (B) provided the facility with a healthcare provider statement to indicate that she did not have any signs or symptoms of

Findings:

Personnel record review on at approximately 2:30 PM for staff B revealed a freedom from communicable statement including dated Continued review revealed no evidence to confirm the staff provided the facility a healthcare provider statement that indicated freedom from for 2014 (due

In an interview with the Senior Living Manager on at approximately 3 PM who stated that after searching she was unable to locate a current test result for staff B.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 4 sampled staff (B) received the required in-service training regarding in safe food handling practices.

Findings:

Personnel record review on at approximately 2:30 PM for staff B revealed she was a caregiver and was hired on Continued review revealed no evidence to confirm the staff received a 1 hour in-service training regarding safe food handling practices.

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In an interview with the Senior Living Manager on at approximately 3 PM, who stated the staff may serve or feed a facility resident. After searching she was unable to locate a certificate of training.

Class III

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on personnel record review and interview the facility failed to ensure that a staff member who had First Aid certification offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health was in the facility at all times when residents were present.

Findings:

Personnel record review for staff C revealed no evidence to confirm she had been trained on First Aid and

Review of the staff schedule from to revealed staff C works the night shift (10P to 6:30 A). She worked with staff D. Review of the personnel record for staff D revealed she had certification valid thru and there was no evidence to confirm she had Fist Aid certification. The Senior Living Manager was given the opportunity to locate the documentation.

In an interview with the Senior Living Manager on at approximately 3 PM, she stated staff C may have the First Aid card at home. An opportunity was given to the facility to submit the documentation by electronic mail (e mail) by the end of business closing on . An e mail was not received.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

RE: LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure LNS survey that was conducted on 13, 2014 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 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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