

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967421	(X3) DATE SURVEY COMPLETED 09/23/2014
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:

0078-Staffing Standards - Staff-09/23/2014

0081-Training - Staff In-Service-09/23/2014

0083-Training - First Aid And Cpr-09/23/2014

Specific Tag Findings:

0000-Initial Comments

A desk review was completed on 9/23/14. Good Samaritan Society -Kissimmee Village had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 13, 2014

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

RE: Desk review to LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 23, 2014 by representative(s) of this office.

Attached is the provider's copy of the Revisit Report, 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

J5XD

