STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	04/28/2015
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

The re-licensure survey with Limited Nursing Service (LNS) was conducted on . . Good Samaritan Society Kissimmee Village had deficiencies found at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility failed to ensure that 2 of 3 sampled residents record (1 & 6) reviewed had a completed health assessment that addressed all the required criteria.
Findings:
1. Resident record review for resident #1 revealed an updated health assessment report AHCA form 1823 was dated . . . . . Continued review revealed the assessment did not indicate if the resident needed help with his medications. That portion of the form was blank.
2. Resident record review for resident #6 revealed a health assessment AHCA form 1823 dated . . . . . Continued review revealed the assessment did not indicate if the resident needed help with her medications. That portion of the form was blank.
In an interview with the administrator on . . . . . at approximately 3 PM, who confirmed the findings and stated the information on the assessments was overlooked.
Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interviews and record review the facility failed to ensure the Licensed Practical Nurse (LPN) contacted the resident's healthcare provider prior to holding a medication when the resident experienced a change in his . . . . . readings for 1 of 3 sampled residents (#1).
Findings:
In an interview on . . . . . at approximately 11 AM with resident #1 who stated "The nurse checks my . . . . . before she gives me the high . . . . . medications to see if I need it or not. See I have that pill in a cup that I am going to take it later with lunch. I do take . . . . . and Fish Oil that I keep in the . . . . . , see right there. I also take my . . . . . Observations noted a light blue pill in a plastic cup on top of a table in his . . . . . Resident record review included the Medication Observation Record (MOR) revealed that the MOR dated . . . . . 2015 indicated that on . . . . . and . . . . . were held- . . . . . was . . . . . It is documented that on . . . . . and . . . . . were held because the resident's . . . . . was . . . . . Further review revealed no evidence the resident's healthcare provider was contacted, made aware of the . . . . . readings and made aware that the nurse made the decision to hold the medications on those 2 days. Continued review revealed no evidence that a healthcare provider's order for holding the medications was available. There was no evidence to confirm that a healthcare provider's order that allowed the resident to take a medication at his discretion.
In an interview on . . . . . at approximately 3:15 PM, with the administrator, who stated that he was unable to locate any documentation and most likely the nurse exercised her judgment, because of the low . . . . . and held

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SUMMARY STATEMENT OF DEFICIENCIES
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0025 Continued From page 1

the medication.
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observations and interview the facility failed to ensure medications were kept in their original dispensed container in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times, out of sight of all residents.
Findings:
In an interview on at approximately 11 AM with resident #1 who stated "The nurse checks my before she gives me the high medications to see if I need it or not. "See I have that pill in a cup that I am going to take it later with lunch. I do take I and Fish Oil that I keep in the , see right there. I also take my Observations noted a light blue pill in a plastic cup on top of a table in his He stated he had a key to this apartment but did not feel the need to lock the door when he left the but would if it was necessary.
In an interview on at approximately 3 PM with the administrator who stated the nurse should not have left the pill with the resident.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on medication review and interview the facility did not make every reasonable effort to ensure that prescriptions were refilled in a timely manner for 1 of 3 sampled residents who received assistance with self-administration of medications (#1).
Findings:
Resident record review that included the Medication Observation Record (MOR) revealed the MOR dated 2015 indicated that on and was not given because it was "unavailable" and "awaiting delivery". The review revealed no evidence the resident's healthcare provider was contacted and made aware that the resident did not have the medication. Continued review revealed no evidence what steps the facility took to ensure the medication became available.
In an interview on at approximately 3:15 PM with the administrator, who stated the resident went without the medication because he changed pharmacies, because his co- pays were too high.
Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure personnel records for 1 of 4 sampled staff (A) had freedom from documented on an annual basis from a healthcare provider.

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SUMMARY STATEMENT OF DEFICIENCIES
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0078 Continued From page 2

Findings:

Personnel record review was completed for Staff A. The review revealed the staff was hired [redacted]. The Freedom from [redacted] statement from a healthcare provider in the record was dated [redacted]. There was no documentation of a statement that was due [redacted].

On [redacted] at approximately 2:30 pm in an interview with the Human Resource Manager she stated she did not have any updates.

On [redacted] at approximately 2:45 pm in an interview with the Administrator he stated that there were no updates.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Biennial w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com