STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	R

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 revisit to the biennial re-licensure survey was conducted on / . Good Samaritan Society Kissimmee Village had deficiencies at the time of the visit.

0055 Medication - Storage and Disposal

Deficiency remains uncorrected .....
Based on observation and interview the facility failed to have over-the-counter medication kept by residents in their or apartment, locked or in some other secure place that is out of sight of other residents, when the residents are absent for 4 of 11 sampled residents (#13, 14, 15, and 16).
Findings:
On / at approximately 9:30am during the tour of the facility it was observed:
1. Observation of resident #13 ' s an over-the-counter medications (E 400IC USP, and a box of Control) near the open door where anyone could access it. In interview with Resident #13 on at approximately 9:45am, she stated she does not lock her door when she leaves the .
2. Observation of resident #14's an over-the-counter medication ( ) on the kitchen counter near the door; anyone passing by the easily see it. In an interview with Resident #14 on / at approximately 9:50am, she stated she does not lock her door when she leaves the .
3. Observation of resident #15's an over-the-counter medication (box of CVS), on the night stand. Resident #15 shares a common area with another resident. The other resident would have easy access to the medication on the night stand. In an interview with Resident #14 on at approximately 10:00am, she stated she does not lock her door when she leaves.
4. Observation of resident #16's an over-the-counter medication (Vapor Rub), on a table near the door. In an interview with Resident #16 on at approximately 10:07 am, she stated she does not lock her door when she exits the .
In an interview with the property manager on / at approximately 10:15 am, he stated he was not aware of this issue. He stated he will have staff check on and make sure medications are locked and out of sight of all residents
Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967421	A. Building B. Wing	7/2/2015

Name of Facility	Street Address, City, State, Zip Code
GOOD SAMARITAN SOCIETY-KISSIMMEE VILLAGE	1471 SUNGATE DRIVE KISSIMMEE, FL 34746

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix **A0008** Reg. # **429.26(4-6) FS; 58A-5.0181** LSC	Correction Completed	ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	Correction Completed	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	Correction Completed
ID Prefix **A0078** Reg. # **58A-5.019(2) FAC** LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	**Reviewed By**	**Date:** 8/18/15	**Signature of Surveyor:**	**Date:**	
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: Revisit to relicensure survey w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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

BBT7

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida