STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	01/19/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A monitoring visit for Limited Nursing Services (LNS) was conducted on / at Good Samaritan Society- Kissimmee Village, license # 11484. Good Samaritan Society- Kissimmee Village had deficiencies found at the time of the visit.

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (D) to attend the mandated in-service training regarding major incidents.
Findings:
Personnel record review for staff #D revealed she was hired on / and was Registered Nurse. Continued review revealed no evidence to confirm she attended an in-service training regarding reporting major and adverse incidents.
In an interview on / at 4:30 PM with the human resources staff who, after looking over the personnel record, stated there was no evidence the staff attended the in-service 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 a staff member was certified in ( ) from a course 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 for 1 of 3 (C) sampled staff.

Findings:

Personnel record review for staff C revealed she was hired on / in the capacity of a Certified Nursing Assistant. Continued review revealed a /First Aid card issued by an online company on / , expiration date of / , which was not 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.

In an interview on / at 4:30 PM with the human resources staff who, after looking over the personnel record, stated that was the current and only certification. She was not aware that on-line courses were not acceptable.
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	01/19/2017
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on observations, record review and interview the facility did not make sure 1 of 3 unlicensed staff (C) in a sample of 4 who assisted residents with self-administration successfully completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.
Findings:
Staff schedule review revealed staff C was assigned to work on / during the 10 PM to 6 AM shift.
In an interview on / at 2 PM with the manager, who stated staff C assisted residents with self-administration of medications.
Personnel record review for staff C revealed she was hired on / / in the capacity of a Certified Nursing Assistant. Continued review revealed a certificate that indicated she attended a 2 hour continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility on . The review revealed no evidence she attended a 2 hour continuing education regarding safe medication practices in an assisted living facility in 2016.

In an interview on / at 4:30 PM with the human resources staff who, after looking over the personnel record, stated that was not able to locate a certificate for 2016.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility did not provide or arrange for 1 of 4 sampled staff (D) to attend an in-service training regarding the facility's policy and procedures regarding ( ).
Findings:
Personnel record review for staff # D revealed she was hired on / and was a Registered Nurse.
Continued review revealed no evidence to confirm she attended an in-service training regarding the facility's policy and procedures regarding .
In an interview on / at 4:30 PM with the human resources staff who, after looking over the personnel record, stated there was no evidence the staff attended the in-service training.
Class III

N278 - LNS - Records - 58A-5.031(3) FAC

Based on record review and interview the facility did not ensure complete nursing assessments were maintained for 1 resident (#1) in a sample of 1 who received Limited Nursing Services (LNS).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	**01/19/2017**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

Findings:
During the facility entrance interview on . / at 2 PM the manager identified resident #1 as receiving LNS for the application and removal of support/compression hose.
Observations on / at 4:15 PM noted the resident wore support hose. During an interview at / at 4:15 PM the resident stated the nurses put on and removed her support hose daily.
Resident record review for resident #1 revealed a healthcare provider's order dated . that indicated the application and removal of the support/compression hose. Continued review revealed that monthly nursing assessments were not available.
In an interview on . / at 4:30 PM with the manager/Registered Nurse who stated the assessment were not done.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2017 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2017.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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

TDC:clr
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