STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	R **03/06/2017**
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 revisit to a Limited Nursing Services (LNS) monitoring survey was conducted on 3/6/17. Good Samaritan Society- Kissimmee Village license #11484 had no deficiencies at the time of the visit.