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

The re-licensure survey with Limited Nursing Services was conducted on , 2017 in conjunction with a revisit. Good Samaritan Society Kissimmee, license #11484, had deficiencies at the time of the survey.

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observations, record review and interview the facility failed to ensure that 2 of 2 sampled resident records (#1 and #9) contained all the required components.

Findings:

Resident record review for resident #1 revealed a health assessment report form 1823 dated that indicated the resident needed assistance with self-administration of medications. The review revealed that an informed consent regarding the provision of assistance with self-administration of medication from unlicensed was not available.

Record review for resident #9 revealed a health assessment form 1823 dated that indicated she required assistance with self-administration of her medications and she required assistance with her Activities of Daily Living (ADLs.) The record did not contain a copy of the written informed consent for unlicensed staff to assist with medications and did not contain evidence of semi-annual weights, as required. The last recorded weight was dated .

During an interview with the assisted living facility manager on at 2:45 PM, she confirmed the findings.

Class III

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on review of the Agency's background screening clearing house and interview, the facility failed to maintain an employee roster on the Agency's background screening clearing house.

Findings:

Review of the facility's background screening clearing house roster revealed there were no employees listed, as required.

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

During an interview with the administrator on . . . . at 3:15 PM, he confirmed the finding and said the employees of the assisted living facility were on the roster for the nursing home.

Unclassified