

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 04/28/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967421	(X3) DATE SURVEY COMPLETED R 04/27/2017
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

4/27/17 desk review completed to re-licensure survey with Limited Nursing Services. Good Samaritan Society-Kissimmee Village, license #11484, had no deficiencies at the time of the review.