STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967421	R **06/12/2019**
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 second revisit to a biennial survey was conducted at Good Samaritan Society - Kissimmee Village on 6/12/19. Deficiencies were found to be corrected at the time of the survey.