

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  The Good Samaritan Society-Kissimmee Village		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Southgate Drive Kissimmee, FL 34746	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.  (continued on next page)

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  105559	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/11/2025
NAME OF PROVIDER OR SUPPLIER  The Good Samaritan Society-Kissimmee Village		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 Southgate Drive Kissimmee, FL 34746	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview, and record review, the facility failed to appropriately record and investigate grievances to ensure resolution in a timely manner for 1 of 2 residents reviewed for grievances, of a total sample of 49 residents, (#145). Findings: Resident #145 was admitted to the facility on [DATE] with diagnoses including fracture of unspecified part of right clavicle, unspecified fracture of the lower end of right radius, and presence of right artificial ankle joint. Review of the Minimum Data Set quarterly assessment with assessment reference date of 11/22/23 revealed resident #145 had a Brief Interview for Mental Status score of 15/15, which indicated she was cognitively intact. Review of the facility's Grievance Log revealed grievances were filed by the resident or on her behalf on 8/24/25 and 9/02/25. Review of the grievance filed 8/24/25 revealed the issue was addressed with solutions offered to the resident and resident representative. The grievance filed 9/02/25 concerned customer service provided by two staff members, a Certified Nursing Assistant (CNA) and a licensed nurse. The investigation contained a statement from the CNA but did not contain a statement from the identified nurse. On 12/11/2025 at 10:32 AM, the Director of Nursing (DON) reviewed the grievance for 9/02/25. She verified she was responsible for investigating the grievance and providing a resolution. The DON reviewed the investigation and confirmed no statement was taken or documented regarding the licensed nurse. She stated she thought the CNA's actions were the real issue and did not think to interview the nurse. The DON acknowledged the facility did not conduct a thorough investigation as all parties involved were not given the opportunity to tell their side of the story. In a phone interview on 12/09/2025 at 11:35 AM, resident #145's son verified he filed grievances on behalf of his mother while at the facility. He explained although the facility responded to those grievances, they had not responded to his complaint of a bill he received after his mother left the facility. He explained the facility sent a statement which he questioned but it had not been resolved. On 12/11/25 at 10:35 AM, the Business Office Manager (BOM) reviewed resident #145's financial record. He reported she admitted to the facility on [DATE] under a managed care program, transitioned to private pay on 9/14/25 and discharged on 9/26/25. He acknowledged resident #145's son had contacted him regarding the bill. The BOM explained he contacted the managed care program who provided information resident #145 was not covered after 9/13/25. The BOM reviewed the Social Services progress notes in the electronic medical record which indicated she was covered until discharge. He stated Social Services had not provided the business office with that information and that he had not collaborated with the Social Services department when resident #145's son expressed his concern over the bill. On 12/11/25 at 11:49 AM, the Administrator reported she had spoken to resident #145's son regarding the bill. She explained she sent it to the corporate office along with information for their review and resolution. She stated resident #145 should not be getting any further bills until the matter was resolved. She confirmed it would be an issue if a resident or resident representative was billed for an amount not owed. The Administrator acknowledged she did not initiate a grievance form for the complaint expressed by resident #145's son. She stated one should have been filled out. Review of the facility's policy and procedure for Grievances, Suggestions or Concerns dated 12/02/24, revealed that grievances, suggestions and concerns were to be deemed as high priority customer satisfaction issues. The facility staff were instructed to make prompt efforts to resolve a grievance and keep the resident/resident representative apprised of progress toward resolution. The document clarified that an investigation must be completed for all grievances. The policy noted the investigation could be informal but must be thorough and allow all interested parties an opportunity to submit evidence relevant to the complaint.</p>		