STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966254	09/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Shepherd Alf, Llc	8610 Nw 24 Court Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-09/10/2013
0025-Resident Care - Supervision-09/10/2013
0030-Resident Care - Rights & Facility Procedures-09/10/2013
0074-Staffing Standards - Personnel File (bgs)-09/10/2013
0079-Staffing Standards - Levels-0[illegible]
0161-Records - Staff-09[illegible]
Z815-Background Screening; Prohibited Offenses-([illegible]

Revisit Repeat Tags:
0078- Staffing Standards-Staff-58a-5.019(2)Fac

0000-Initial Comments

An Assisted Living Facility revisit to CCR #2013006182 and #2013007573 survey was conducted on 09/10/13. Good Shepherd ALF had an uncorrected deficiency found at the time of the visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 2 out of 4 (Administrator, Staff member B) current facility employees had current verification of freedom from [illegible] documented.

The findings Include :

Review of the Administrator's personnel record indicated that her freedom from [illegible] verification was dated on [illegible]. Review of staff member "B" indicated that her freedom from [illegible] verification was dated on [illegible].

During an interview with the Administrator on [illegible] at approximately 12:00PM, she stated that she was aware that her own and staff member B's freedom from [illegible] verifications were not current and lapsed beyond their 1 year active period. She stated, no futher documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Good Shepherd ALF, Llc
8610 NW 24th Court
Sunrise, FL 33322

Re: Revisit to CCR #2013006182 and #2013007573

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 10, 2013 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

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