STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966254	04/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Shepherd ALF, LLC	8610 NW 24th Court Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on . . . . . at Good Shepard ALF. The facility had deficiencies found at the time of the visit.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review an interview, the facility failed to provide documentation of completion of the required in-service training, for 2 of 5 sampled employees (Employee #1 and #5).

The findings include:

a) Employee #5 hired on . who provides direct care to resident; the file lacks documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas.

A review on . . . at 10:45 AM of the personnel records revealed the following.

1) . . . . . .
2) Reporting major incidents
3) Resident rights, elopement, emergency
4) Preparedness and evacuation
5) Nutrition and safe food handling

b) Employee #1 hired on . who provides direct care to residents, lacked documentation verifying the employee had received the required in-service training within 30 days of employment in the following areas.

1) . . . . . .
2) Reporting major incidents
3) Nutrition and safe food handling

The Administrator was not available during the survey. The facility's designated staff member in charge acknowledged the findings.

Class III

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0161-Records - Staff 58A-5.024(2) FAC
Based on record review and interview, the facility failed to have the required documentation of compliance regarding the background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C, for 2 of 4 records reviewed (Employee #3 & #4).

The findings include:

Record review on revealed Employee #3's application was not dated and Employee #4 hired on (both provide direct care), did not have the required results of a level 2 background screen in their personnel files.

Further review of the facility's staffing schedule revealed both are listed and work various days throughout the week. During an interview on at 11:40 AM with the facility's designated staff member, she stated, she was not aware of how that works and the Administrator is out of the country.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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/dso
Enclosure: State form 5000-3547
XG90

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