STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	08/22/2013
NAME OF PROVIDER OR SUPPLIER **Gentle Shepherd Assisted Living Facility (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1707 West Oak Street Kissimmee, FL 34741**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0080 - 58a-5.0191(1) Fac - Training - Core & Competency Test S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced Assisted Living Facility (ALF) with Limited Nursing Services (LNS) relicensure survey was conducted.

Gentle Shepherd ALF had deficiencies found during the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observations, interviews and record review, the facility failed to ensure to have a staff member who was licensed to administer medications available to administer medications in accordance with a health care provider's order for 1 of 4 sampled residents (#2).

Finding:

Observations during the facility tour at approximately 8:20 AM note resident sat in the common area. She was shouted out suddenly in Creole, spoke very little English.

During an interview at approximately 9 AM staff A stated she assisted resident #2 with her medications and staff B assisted her with her in the evening. The was kept in the refrigerator in a locked box.

Staff B stated at approximately 9:30 AM, over the telephone, that she talked the resident thru the injection, but did not inject her. The syringes, she stated, were prepared by the nurse.

Observations of at the time, noted it was kept in a locked box inside the refrigerator but there were no prefilled syringes inside. The prescription label dated indicated Lantus 100U inject 60 U nits daily.

Resident record review at approximately 2:30 PM revealed a health assessment report 1823 dated indicated diagnoses of and and she needed medications administered.

The administrator stated at approximately 3:30 PM that he did not notice the assessment indicated administration of medications and would work a system out with the resident ' s son, who was a doctor and the facility contracted nurse.

Class III

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NAME OF PROVIDER OR SUPPLIER **Gentle Shepherd Assisted Living Facility (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1707 West Oak Street Kissimmee, FL 34741**	
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0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on personnel record review and interview the facility failed to ensure the administrator participated in 12 hours of continuing education in topics related to assist living every 2 years as provided under Section 429.52, F.S.

Findings:

Personnel record review at approximately 3 PM revealed there was no evidence to confirm staff C, the administrator, attended 12 hours of continuing education in topics related to assisted living every 2 years.

The administrator stated at the time that he did not attend any continuing education courses for the last 2 years.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Gentle Shepherd Assisted Living Facility (the)
1707 West Oak Street
Kissimmee, FL 34741

Dear Administrator:

Re: Biennial w/LNS

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

for Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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