| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966741 | 10/07/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Good Shepherd Loving Care | 510 Nw 98 Street Miami, FL 33150 | |
| 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 - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Abbreviated Survey was completed at Good Shepherd Loving Care on . There were deficiencies identified at the time of survey.

**0081-Training - Staff In-Service 58A-5.0191(2) FAC**

Based on record review and interview facility failed to have 1 out 2 sampled employees to have her training in Activity of Daily Living and Control.

Findings includes:
1. Record review revealed that caretaker #2 started on - and she did not have any documentation in her file for training's in the areas for Activities of Daily Living and Control.

2. Interviewed caretaker #2 on at 11:00 am, she confirmed that she did not have those two training's in her file.

Class III

**0090-Training - 58A-5.0191(11) FAC**

Based on record rveiw and interview facility failed to have 1 out 2 sampled employees to have her training in (

Findings includes:
1. Record review revealed that caretaker #2 started on - and she did not have any documentation in her file for trainings in the areas for (

2. Interviewed caretaker #2 on at 11:00 am, she confirmed that she didi not have those two trainings in her file.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Good Shepherd Loving Care
510 Nw 98 Street
Miami, FL 33150

Dear Administrator:

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 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:sy
Enclosure
XG90

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