STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968530	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Shangri-La Iii Alf, Llc	808 Gillen Ave Nw Palm Bay, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
Initial Limited Nursing Services (LNS) survey conducted on

Shangri-La III Assisted Living Facility, LLC had a 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 they had documentation of freedom from all communicable and statement within 30 days of hire for1 of 2 sampled staff (Staff A).

Findings:

Review of the personnel file for Staff A, who was hired in 2013, revealed there was no documentation to review to indicate she had a current test and a freedom from all communicable statement.

In an interview with the administrator on at 11:45 AM, she was informed Staff A; was missing documentation of testing and the freedom from all communicable including statement. She stated she was unable to locate the test results and the freedom from communicable form. Phone interview with the assistant administrator on at approximately 9:35 AM who stated the physician's office did not have a copy of the test and the staff needed to have the test repeated.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Shangri-La III Alf, LLC
808 Gillen Ave Nw
Palm Bay, FL 32907

Dear Administrator:

Re: Initial 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,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998