

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 06/03/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966254	(X3) DATE SURVEY COMPLETED 06/02/2014
NAME OF PROVIDER OR SUPPLIER Good Shepherd ALF, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8610 NW 24th Court Sunrise, FL 33322	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0081-Training - Staff In-Service-06/02/2014

0161-Records - Staff-06/02/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey revisit was conducted on 6/02/2014 at Good Shepard ALF, LLC. All previously cited deficiencies were found corrected. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 5, 2013

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

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a state relicensure survey revisit conducted on June 2, 2014 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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
Enclosure

