STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966741	**06/03/2015**
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2015. Good Shepherd Loving Care with Limited Mental Health and Limited Nursing Services had the following deficiencies found at time of survey.

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observations, record review and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern.

Findings included:

Observations during tour on at 9:00 AM of staffing schedule posted on wall was for the month of 2015. There was no staff schedule available for review for the month og .

Interview on at 3:30 PM with Administrator acknowledge she has not printed out the new schedule."

Class III

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

Based on record review and interviews, the facility failed to provide documentation ensuring that one of two sampled staff (#B) who provide direct care to residents received the required in-service training within 30 days of employment.

Findings included:

Observations during tour on at 9:00 AM of Staff B was found at facility with the residents and was observed assisting residents and preparing their meals and washing their clothes.

Record review of staff files contained no documentation of Staff B receiving in-service training's in:

control, and the facility's resident elopement response policies and procedures.

Staff B was hired on / .

Interview on at 3:30 PM the Administrator acknowledge Staff B did not have the above training's after reviewing the file.

Class III

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GOOD SHEPHERD LOVING CARE	510 NW 98 STREET MIAMI, FL 33150	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0084 Continued From page 1

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based record review, and interview the facility failed to ensure one out of two (#B) sampled staff have successfully completed the initial 4 hour training on providing assistance with self-administered medications.

Findings included:

Record review of staff schedule shows Staff C works at facility 7 AM to 7 PM Sunday through Saturdays.

Record review conducted on showed Staff B (hired /) file contained documentation of 2 hours medication update training dated . Staff B contained no documentation of initial 4 hours of assistance with self-administration of medication training at the facility.

Interview with the administrator on at 3:35 PM acknowledge Staff B does not have the 4 hours training in her file.

Class III

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

Based on record review and interview the facility failed to ensure that one out of two (#B) sampled staff had training in ( ).

Findings included:

Record review revealed that sampled Staff B (hired /) did not have documentation proving she received the training.

Interview on at 3:30 PM the Administrator acknowledge STaff B did not have the training after reviewing her file.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and interview the facility failed to have menu substitutions documented prior to serving meal, and the facility failed to have a 3-day supply of non perishable food, for a census of five residents on hand at all times.

Findings included:

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GOOD SHEPHERD LOVING CARE	**510 NW 98 STREET MIAMI, FL 33150**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0093 Continued From page 2

Observation made on at 9:10 AM of menu posted in dining area.

Observation on at 9:10 AM of lunch the menu posted for Cycle 4 for Wednesday has listed (steak in a pot, white rice, beans, peas, mixed salad, salad dressing, fresh fruit, and juice). The residents were not served what was on the menu. The substitutions were no documented on the menu.

During tour of conducted on at 9:10 AM of the emergency no protein and only two cans of milk for a census of five residents. The facility is required to have 90 ounces of protein and 240 ounces of milk.

Lunch observations done on at 12:00 PM the residents were served chicken, mac and cheese, sliced potatoes, green beans, and peaches, with grape soda.

Interview with administrator on at 3:30 PM acknowledge finding.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have a approved emergency manage plan and the facility's elopement response drills documented.

Findings included:

Observation made during tour found the Comprehensive Emergency Management Plan (CEMP) letter posted on wall dated for . The plan expired on .

Record review of the elopement book showed the policies and procedures. There was one elopement drills done for 2014. The last drills was conducted on / .

Interview with the Administrator on at 3:30 PM acknowledge the drill were no done and that she submit the CEMP and have not receive the approval letter yet.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a Standard Biennial Survey that was conducted on , 2015 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, RN
Field Office Manager

AMD:kb
Enclosure
XG90

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