STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966741	**07/07/2015**
NAME OF PROVIDER OR SUPPLIER **GOOD SHEPHERD LOVING CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **510 NW 98 STREET** **MIAMI, FL 33150**	

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

0000 Initial Comments

A Complaint Survey Revisit was conducted on July 7, 2015. Good Shepherd Loving Care Assisted Living Facility with Limited Mental Health component had no deficiencies found at time of the survey:

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 31, 2015

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

RE: CCR #2015006859

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 7, 2015 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure

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