STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	09/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)	1707 WEST OAK STREET KISSIMMEE, FL 34741

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

0000 Initial Comments

The re-licensure survey was conducted on / . Gentle Shepherd had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure that 2 of 2 sampled resident records had a completed health assessment that addressed all the required criteria (#1 & #2).
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated / . Continued review revealed the assessment did not address the resident's needs regarding the type of assistance needed with self-administration of medications. The assessment did not indicate whether or not the resident was an elopement risk. Those portions of the form were blank.
Resident record review for resident #2 revealed a health assessment report AHCA form 1823 dated . Continued review revealed the assessment did not address the resident's needs regarding the type of assistance needed with self-administration of medications. The assessment did not indicate whether or not the resident was an elopement risk. Those portions of the form were blank.
In an interview with the administrator on / at approximately 1:30 PM who stated the forms were overlooked.
Class III

0025 Resident Care - Supervision

Based on interviews and record reviews the facility failed to maintain a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services for 1 of 2 sampled residents (#1)..
Findings:
In an interview with staff #A on / at approximately 8:30 AM who stated resident #1 had been ill ,went to a rehabilitation facility , went home with her family and then returned to the facility. She may had a .
In an interview with the resident's son on at approximately 10:30 AM who stated "My mom has been there for 3 to 4 years with a small break a few months back when she was living with my sibling in Tampa, FL."
Resident record review for resident #1 revealed no notations the resident became ill, went to rehabilitation and returned to the facility.
In an interview with the administrator on at approximately 9:30 AM who confirmed the statement

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made by the staff. He added the resident's son and her doctor were aware but there were no written notes.
Class III

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to ensure that part of its resident elopement response policies and procedures, the facility made, at a minimum, a daily effort to determine that at risk residents have identification on their persons that include their name and the facility's name, address and telephone number for 1 of 2 residents with history of elopement (#1).
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated / . She had diagnoses of , high , , , and speech . She was independent with transferring and ambulation; supervision was needed with ambulation, and dressing; assistance was needed with bathing, and toileting.
Continued review revealed the assessment did not address the resident's needs regarding the type of assistance needed with self-administration of medications. The assessment did not indicate whether or not the resident was an elopement risk. Those portions of the form were blank. The review revealed an incident report dated that indicated the resident was wandering outside the building on / / at 4 AM and was identified by the caregiver. She left the facility by the front door. She sustained a minor cut on lower lip and under lip and was taken to the local Emergency ambulance.
In an interview with staff #A and the administrator on at approximately 1:30 PM who stated the resident did not have identification on her, but they checked on her.
Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure a staff member who had completed courses in First Aid and and held a currently valid card documenting completion of such courses was in the facility at all times and failed to ensure that First Aid training was provided by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.
Findings:
During the entrance interview on / at approximately 8:30 AM staff #A stated she was alone with 3 residents. She stated she was a live in staff and went home occasionally.
Personnel record review staff #A revealed she was not a nurse, therefore exempt from the requirement.
Continued review revealed a First Aid and training certificate with an expiration date of /
Continued review revealed the training was done on- line (Internet) by Procpr. The course was not

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offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.
Personnel record review staff #B revealed he was not nurse, therefore exempt from the requirement.
Continued review revealed a First Aid certificate with an expiration date of / and a certificate with an expiration date of / / . The training was done by www.icpri.com an on- line (Internet) training site. The course was not offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health.
In an interview with the administrator on at approximately 1:30 PM approximately 10 AM, who stated he was not aware that on line and First Aid were not acceptable by the Agency.
Class III

0093 Food Service - Dietary Standards

Based on observations and interviews the facility failed to ensure that a 3-day supply of nonperishable food, that included fruits, based on the number of weekly meals the facility had contracted with residents to serve, was on hand at all times; and failed to maintain a substitutions list.
Findings:
During the facility entrance on at approximately 8:30 AM, staff #A stated the census was 6 residents.
Observations on / at approximately 10 AM noted the menu posted indicated the menu to be served for lunch was: 3 oz. chicken, 1 cup potato salad, 1 cup green beans, cornbread, beverage and watermelon.
Observation of the lunch served on / at approximately 12 noted that the cornbread and the green beans were not served.
In an interview with staff #A on at approximately 12:30 PM who stated that she normally cooked what was on the menu, except for today / . The substitution was not documented on the menu or on a separate sheet. She stated that she did not serve the residents cornbread because they were all and they already have potato salad serving.
Observations of the emergency food supply on at approximately 1 PM noted that the facility had no non-perishable fruit.
Resident records review for residents #1 and #2 revealed the contract indicated the facility was contracted to provide 3 meals daily.
Based on a census of 3 residents the facility needed 144 ounces of fruit (3 residents x 3 days x 18 ounces (2 cups)).
In an interview with the administrator / at approximately 1:30 PM, who stated he went shopping and overlooked the fruits.

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Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 2 of 2 residents who received assistance with activities of daily living (ADL) had their weights recorded semi-annually.
Findings:
Record review for resident #1 revealed a health assessment report form dated / that listed diagnoses of and speech . She was independent with transferring and ambulation; supervision was needed with ambulation, and dressing; assistance was needed with bathing, and toileting. Continued review revealed a weight record that indicated a weight of 205 on / . The review revealed no evidence to confirm the resident's weight was taken in 2014 and 2015.
Record review for resident #2 revealed a health assessment report form dated that listed diagnoses of and She was independent with ambulation and eating; supervision was needed with dressing and transferring; assistance was needed with bathing, and toileting. Continued review revealed a weight record that indicated 140 pounds on . The review revealed no evidence to confirm the resident's weight was taken in and .
In an interview with the administrator on at approximately 1:30 PM, who confirmed the weights were not taken.
Class III

0166 Risk Mgmt & QA: Liability Claim Report

Based on records review and interview the facility failed to submit to the Agency the 1 and 15 day report 1 of 2 sampled residents who went out unsupervised.
Findings:
Resident record review for resident #1 revealed a health assessment report AHCA form 1823 was dated / . She had diagnoses of high and speech . She was independent with transferring and ambulation; supervision was needed with ambulation, and dressing; assistance was needed with bathing, and toileting. Continued review revealed the assessment did not address the resident's needs regarding the type of assistance needed with self-administration of medications. The assessment did not indicate whether or not the resident was an elopement risk. Those portions of the form were blank. The review revealed an incident report dated that indicated the resident was wandering outside the building on / at 4 AM. And was identified by the caregiver. She left the facility by the front door. She sustained a minor cut on lower lip and under lip and was taken to the local Emergency

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ambulance.
The administrator provided the 1 day adverse report, however the 15 day report was not available. In an interview with the administrator on / at approximately 1:30 PM,who stated he had technical difficulty submitting the 15 day.
Class

0167 Resident Contracts

Based on record review and interviews the facility failed to ensure the resident contract for 2 of 2 sampled residents (1 & 2) contained all the required components that included advance payments and continued residency.
Findings:
Individual resident record review for residents #1 and #2 revealed the contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.
In an interview with the administrator on at approximately 2 PM, who stated the contracts were overlooked.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Gentle Shepherd Assisted Living Facility (the)
1707 West Oak Street
Kissimmee, FL 34741

RE: /Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than [redacted], 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite 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 surveyor(s). Should you have any questions please call Lorraine Henry at [redacted]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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