

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11967689

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/2/2015

Name of Facility

GENTLE SHEPHERD ASSISTED LIVING FACILITY (THE)

Street Address, City, State, Zip Code

1707 WEST OAK STREET
KISSIMMEE, FL 34741

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0008	Correction Completed 12/02/2015	ID Prefix A0025	Correction Completed 12/02/2015	ID Prefix A0032	Correction Completed 12/02/2015
Reg. # 429.26(4-6) FS; 58A-5.0181 LSC	0008	Reg. # 429.26(7) FS; 58A-5.0182(1) LSC	0025	Reg. # 58A-5.0182(8) FAC LSC	0032
ID Prefix A0083	Correction Completed 12/02/2015	ID Prefix A0093	Correction Completed 12/02/2015	ID Prefix A0162	Correction Completed 12/02/2015
Reg. # 58A-5.0191(4) FAC LSC	0083	Reg. # 58A-5.020(2) FAC LSC	0093	Reg. # 58A-5.024(3) FAC LSC	0162
ID Prefix A0166	Correction Completed 12/02/2015	ID Prefix A0167	Correction Completed 12/02/2015	ID Prefix	Correction Completed
Reg. # 429.23(5) FS; 58A-5.0242 F LSC	0166	Reg. # 58A-5.025 FAC LSC	0167	Reg. # LSC	7777
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	7777	Reg. # LSC	7777	Reg. # LSC	7777
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC	7777	Reg. # LSC	7777	Reg. # LSC	7777

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
Reviewed By

Date:
Date:

Signature of Surveyor
Signature of Surveyor:

Date:
Date:

Followup to Survey Completed on:
9/9/2015

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 4, 2015

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

RE: Revisit to relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 2, 2015 by representative(s) 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

DT9D

