| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966741** | **07/21/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOOD SHEPHERD LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**510 NW 98 STREET**<br>**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 & . Good Shepherd Loving Care (License # 11138) had deficiencies identified at the time of the survey:

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on observation, record review and interview, the facility failed to provide evidence of a negative annual examination ( ) for one out of two sampled staff (Staff B).

Findings included:

On at 8:50 AM observed that Staff B was caring for the residents.

Record review revealed Staff B's last statement was dated .

On at 2:10 PM, Administrator stated that she did not have Staff B's annual documentation of freedom from in the file.

Class III

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

Based on record review and interview, the facility failed to provide annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF for one out of two sampled staff (Staff B) .

Findings included:

Record review for Staff B showed that there was no documentation that she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an ALF. The last training was dated .

On at 2:10 PM, Staff A stated that Staff B assist the residents with self-administered medications.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966741** | **07/21/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOOD SHEPHERD LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**510 NW 98 STREET**<br>**MIAMI, FL 33150** | |

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

**L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC**

Based on record review and interview, the facility failed to maintain documentation of at least 3 hours training of Limited Mental Health continuing education for two out of two staff (Staff A and B).

Findings include:

Review of Staff A and B records showed that there was no documentation that they had completed at least 3 hours training of Limited Mental Health continuing education. Staff A and B's last training was dated .

On at 2:10 PM, the Administrator stated that she and Staff B had not taken a minimum of 3 hours training of Limited Mental Health continuing education.

Class III

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966741** | **07/21/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**GOOD SHEPHERD LOVING CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**510 NW 98 STREET**<br>**MIAMI, FL 33150** | |

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

**Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS**

Based on observation, record review, and interview, the facility failed to register two out of two sampled staff in the Background Screening Clearinghouse database (Staff A and B) .

Findings Include:

Observation on . . . at 8:50 AM showed Staff B was caring for the residents and providing personal services to them.

A review of the Background Screening Clearinghouse database showed that the facility did not register Staff A and B.

On . . . at 2:10 PM, the Administrator stated that she did not register Staff A and B in the Clearinghouse database.

Unclassified.

**Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS**

Based on observation, and record review, the facility failed to ensure that one of two sampled staff had an eligible Level II Background Screening result (Staff B).

Findings included:

Facility visit on . . . at 8:50 AM showed that Staff B was caring for the residents.

A review of the background screening clearinghouse database showed Staff B's background screening status stated "A New Screening is Required."

On at 2:10 PM, Administrator confirmed the findings.

Unclassified