STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967689	**08/07/2017**

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

A re-licensure survey was conducted on . Gentle Shepherd Assisted Living Facility, license #11674, had deficiencies at the time of the visit.

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

Based on personnel record review and interview the facility failed to obtain an annual statement from the health care provider for 2 of 2 sampled Staff (A, B) documenting freedom from communicable and ( ).

Findings:

Personnel Record review for Staff A (caregiver, hired), revealed no documentation to confirm she was free from communicable .

Personnel record review for Staff B (caregiver, hired), revealed no annual documentation for freedom from , The last documentation for freedom from was dated .

On at 1:30 PM, the administrator stated he did not realize this documentation was not up to date.

Class III

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

Based on review of staff schedules and interview the facility failed to meet the needs of the residents and maintain work schedules that met the minimum staff hours per week as required by 58A-5.019(2) F.A.C.

Findings:

The facility had 6 residents on . The minimum hours required for a census of 6 residents is 212 hours.

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

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

The facility's current staff schedule was posted on a bulletin board in the entryway. The schedule showed a total of 198 hours scheduled for the week of - .

In an interview with the administrator on at 1:30 PM, he stated he did not realize he needed more hours.

Class III

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

Based on personnel record review and interview the facility failed to ensure direct care staff had staff in-service training within 30 days of employment for 1 of 2 sampled staff (A).

Findings:

Review of the personnel record for Staff A (hired) revealed no documentation that in-service training was completed for the following:

1. control, including universal precautions
2. Activities of Daily Living and Behavior Needs
3. policies and procedures

An interview on at 1:45PM, the administrator confirmed the findings and said he thought she was a CNA.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on personnel record review and interview the facility failed to have one staff member who held a currently valid card that documented the completion of courses in First Aid was in the facility at all times.

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

Findings:

Review of the staff schedule for the week of - , showed Staff B worked alone on the night shift for 2 nights.

Personnel record review for Staff B revealed no certificate for First Aid training.

On at 1:45PM, the administrator stated she thought Staff B had First Aid training, but would make sure she received it immediately.

Class III

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

Based on personnel record review and interview the facility failed to ensure 2 of 2 direct care staff received training and were knowledgeable in regards to ( ) (#A & #B).

Findings:

Personnel record review for Staff A, hired revealed no documentation or certificate indicating training in was completed.

In an interview on at 1:00 PM, Staff B, a caregiver hired on , was unable to answer any questions about . She said she did not remember what those letters stood for. When shown the letters on a piece of paper, she said she still could not recall what they meant. Review of the personnel record for Staff B revealed she had a certificate for training dated .

In an interview with the administrator on at 1:45 PM, he said he would make sure Staff A received the training and additional training would be provided to Staff B.

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

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

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on personnel record review and interview the facility failed to ensure certificates of training contained all the required information for 1 of 3 sampled staff (#A).

Findings:

Review of the personnel record for Staff A, hired , found a certificate for training in Elopement Response, Emergency Preparedness & Evacuation, Incident Reporting, Resident Rights and Recognizing and Reporting , Neglect and , . The certificate was signed but was not dated.

In an interview with the administrator on at 1:55 PM, he stated he had missed that and he would take care of it.

Class

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

Based on observation, dietary record review and interview the facility failed to document substitutions made to the menu before or when the meal was served.

Findings:

Review of the lunch menu posted for , revealed the following was to be served: 4 oz. roast pork with gravy, ½ cup rice, ½ cup green beans, 1 square corn bread, margarine, ½ cup fruit cobbler and beverage of choice.

Observation of the meal served at 11:45 AM on found the residents were given corned beef on rice with ketchup, tomato and cauliflower salad, a beverage, and a fruit cup for dessert.

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of the substitution log at 1:15 PM revealed that no substitutions were noted for the lunch served on .

In an interview with the administrator on at 1:30 PM, he said, "they have been trying to write the substitutions on the menu itself, but Staff B still likes to use a composition book. She must have forgotten today."

Class III

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

Based on Agency Clearinghouse Website Review and Interview, the facility failed to register and maintain the employment status of employees within the Agency's Background Screening Clearinghouse for 4 of 4 sampled staff employees (A, B, C & D).

Findings:

Review of the Agency's Background Screening website revealed Staff A (hired); B (hired) and C (administrator) were not on the clearinghouse roster for the facility.

In addition, former Staff D (last day worked was) did not have an End Date noted on the roster.

In an interview with the administrator on at 1:45 PM, he confirmed the findings and stated he forgot to update the roster.

Unclassified