

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/12/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967689	(X3) DATE SURVEY COMPLETED R 10/09/2017
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)		
0000 - Initial Comments A revisit to the re-licensure survey was conducted on . Gentle Shepherd Assisted Living Facility, license #11674, had a deficiency at the time of the visit. 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC DEFICIENCY REMAINED UNCORRECTED Based on staff schedule review and interview, the facility failed to provide staffing hours to meet the requirements for a census of 6 residents. Findings: The facility had a total of 6 residents on . The minimum hours required for a census of 6 residents is 212 hours. The facility's current staff schedule was posted on a bulletin board in the entryway . The schedule showed a total of 192 hours scheduled for the week of - . In an interview with the administrator on at 10:30 AM, he said he thought he increased the hours, but then said he had cut and pasted the wrong schedule into this week. When asked what Staff #B's hours were for today, the administrator stated that even though she was on the schedule, he had given her off half a day off on 10/9, off on and because she was going to be working 24 hours/day for Staff #A, who was going on vacation. That brought the total hours for the current week to 180 hours. The facility was short of staffing hours by 32 hours for the week of 10/9- . Class III		