STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Happy Place Group Home Inc	12216 Sw 10 Terrace Miami, FL 33184	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on . Happy Place Group Home Inc. had deficiencies at time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on record review and interview facility failed to provide a complete Health Assessment for 2 out of 2 sampled residents (Resident #1 and #3).

Findings included:

Record review of Health Assessment on file dated . / . . . for resident #1 revealed sections B. and section D. were incomplete.

Record review of Health Assessment on file dated for resident #3 revealed sections B. and section D. were incomplete.

Interview with the administrator on . . . . at 3:15 p.m. acknowledged that residents #1 and #3 health assessments were incomplete.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure prescribed medications and over the counter (OTC) products were secured and out of sight of other residents at all times.

Findings Included:

On . . . . at 09:15 AM during tour of . . . . #1 observed the following unsecured medication unlocked on top of a chest of drawers, Meta-mucil 160 Caplets, and 40 mg.

On . . . . at 09:35 AM administrator stated, "We have had that issue with her, we have talked to

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her about it but she goes out and buys it."

Resident #2 stated, "I buy them and I use them, it 's only and for my stomach."

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure all centrally stored Over the Counter (OTC) Products were properly labeled.

Findings included:

On at 09:15 AM during tour of # observed the following unsecured and unlabeled medication unlocked on top of a chest of drawers, Meta-mucil 160 Caplets, and 40 mg.

On at 09:35 AM administrator stated, "We have had that issue with her, we have talked to her about it but she goes out and buys it we will go and check her than once a day and anything we find will be labeled and stored properly."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2014

Administrator
Happy Place Group Home Inc
12216 Sw 10 Terrace
Miami, FL 33184

Dear Administrator:

This letter reports the findings of a Standard Biennial survey that was conducted on 2, 2014 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.

Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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