STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	02/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lemar Home Inc	320 Nw 183rd Street Miami, FL 33169	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Lemar Home Inc had deficiencies found at time of survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on record review and interviews, the facility failed to provide a safe and decent living environment, free from and neglect for three out of four sampled residents.

Findings included:

Confidential resident interview at 2:00 pm, the resident reported that he has been by staff many times and especially by the weekend worker. Another staff member is also to me and would not allow me to use the phone for at least two weeks until I informed my guardian. The is mainly toward an elderly female resident. I try to protect her. You may want to speak to her but she may not want to speak to her. I will tell her to talk to you.

Another confidential interview on at 2:45 PM reported that one night she asked the staff for he medication to help her sleep. The staff on that site started to yell at her and told me her was not giving me my medication and to go to bed. The resident reported it scared her. She stated, she (staff) always yells at me and I feel scared all the time because the staff treat me badly. Another time I needed to use the , one being used so I asked can I use the second . The staff told me no. When I finally was able to use the , the staff member called me a "nasty piece of work"

Another confidential resident on at 3:00 PM, the resident stated she has witnessed the yelling and mistreatment of a female resident on many different occasions. Staff would normal yell at the residents when they would watch the big TV in the front . The staff would want to watch what they want to watch and not take into consideration the residents. The resident stated she is aware that the female resident is scared of the staff and she sometimes they yell at her.

Record review of the facility's Bill of Rights documented "The right to be treated with consideration and respect with due recognition of personal dignity, individuality and privacy."

Interview with the Assistant Administrator/ Owner on at 4:00 pm., the assistant administrator stated that all of the residents are treated with respect and she would not allow any of her staff to mistreat or any of the residents in her facility at any time. If she should ever find out that any of the residents are being mistreated, she would handle that incident immediately and staff would be fired on the spot. When told of the findings in regards to residents being yelled at and their rights were being violated, she stated she will investigate the accusation and get

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to the bottom of it. During the interview Assistant Administrator stated that she knew who made the complaint against her facility and that resident has been causing problems ever since he arrived to the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lemar Home Inc
320 Nw 183rd Street
Miami, FL 33169

Dear Administrator:

This letter reports the findings of a standard biennial survey that was conducted on , 2015 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com