STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	06/22/2015
NAME OF PROVIDER OR SUPPLIER **LEMAR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 NW 183RD STREET** **MIAMI, FL 33169**	

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

0000 Initial Comments

A Complaint (CCR#2015005089) Survey was conducted on , 2015. Lemar Home Inc had the following deficiencies found at time of the survey.

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the administrator have a CORE card one out of five (Administrator) sampled staff.

Findings included:

Internet search done on / of facility finder shows the Administrator as the administrator.

Record review of Administrator (hired on) had no proof of Assisted Living Facility (ALF) CORE card training. He was unable to show documentation of CORE card.

Interview with the Administrator on at 3:00 PM stated she has the CORE card but it was with her and not at the facility.

Class III

0078 Staffing Standards - Staff

Based on record review and interview the facility failed to have a written statement from a heath care provider which documents one out of four (#A) sampled satff is free from communicable including on an annual basis.

Findings included:

Record review on revealed that physical examination form including the statement verifying she is free of signs and symptoms of communicable and negative was dated and expired on .

Interview with Staff D on at 3:45 PM after review of file acknowledge STaff A did not have the current physical updated and available in the facility at the time of the survey.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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Z815 Background Screening: Prohibited Offenses

Based on record review, and interview the facility failed to ensure that one out of five (#E) sampled staff had completed level 2 background screening prior to providing care to residents.

Findings included:

Observations made on / during tour of staff schedule posted on dining area wall shows Staff E works Thursday through Monday at 7 AM to 7 PM.

Record review conducted on revealed Staff E(hired) contain no documentation proving she has completed level 2 background screenings.

Interview on with Staff E at 2:00 PM confirned they did not have a Level II Background Screening.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

RE: CCR #2015005089

Dear Administrator:

This letter reports the findings of a state licensure 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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

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