STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	**08/07/2015**
NAME OF PROVIDER OR SUPPLIER **LAO S GROUP HOME CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1443 SW 146TH CT** **MIAMI, FL 33184**	

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

0000 Initial Comments

An Initial ALF licensure was conducted on 08/07/2015. Lao's Group Home Corp. had no deficiencies at time of the visit. Recommendation with be sent to the Licensure Unit for a Standard License with Limited Mental Health and Limited Nursing Services components and a capacity of six [6].

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 19, 2015

Administrator
Lao S Group Home Corp
1443 Sw 146th Ct
Miami, FL 33184

Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on August 7, 2015 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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

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