STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	05/16/2016
NAME OF PROVIDER OR SUPPLIER **HAPPY PLACE GROUP HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12216 SW 10 TERRACE** **MIAMI, FL 33184**	

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

0000 Initial Comments

A Complaint survey (CCR 2016005394), was conducted on , 2016. Happy Place Group Home Inc. had the following deficiencies identified at the time of the visit:

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to have living environment maintained with equipment and environment in good repair.

Findings as follow:

On at 6:55 a.m. observed a closet with the washer and dryer and a water heater, in the hall leading to residents , had no a door.

On at 6:55 a.m. the facility owner stated the curtain to cover the door space of the closet was prepared to be instaled.

Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to have an eligible Level II background screening for 1 of 5 facility employees (Staff E).

Findings as follow:

On / at 7:08 a.m. observed a woman (Staff E) making a bed in # . Minutes later, Staff E was observed coming in and out from the # with a toothbrush in her hand.

Record review showed the facility had no personnel record for Staff E, and did not have, at a minimun, an employment application for the employee.

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On at 7:08 a.m. the facility owner (Staff B) acknowledged, the facility had no records, including the Employment application, for Staff E.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	05/16/2016
NAME OF PROVIDER OR SUPPLIER **HAPPY PLACE GROUP HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **12216 SW 10 TERRACE MIAMI, FL 33184**	

SUMMARY STATEMENT OF DEFICIENCIES
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Z814 Backaround Screenina Clearinahouse

Based on observation, record review and interview the facility failed to register 3 of 5 (Staff A, D, E) with the Background Screening Clearinghouse .

Findings as follow:

On / at 6:55 a.m. Staff E was observed in the facility.

Background/Clearinghouse database review documented the facility failed to have Staff A, D, and E registered on the facility's staff roster.

On at 9: a.m. the facility owner acknowledged that the facility had not registered Staff A, D and E ion the facility's Background Clearinghouse database roster.

Class III

Z815 Backaround Screenina: Prohibited Offenses

Based on observation, record review and interview the facility failed to have a background screening for 1 of 5 (Staff E) facility employees, and failed to have a background screening performed every 5 years for 1 of 5 facility Staff (Staff A).

Findings as follow:

On at 7:08 a.m. observed a woman (Staff E) making a bed in # . Minutes later, Staff E was observed coming in and out from the # with a toothbrush in her hand.

Record review showed the facility had no documentation of a background screening for Staff E (caretaker).

Record review documented the background screening for Staff A (administrator) was performed on .

A Review of the background screening website showed a new background screening is required for Staff A.

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	AL11967425	**05/16/2016**
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

On at 7:08 a.m. Staff #E stated thatt she had not had a background screening performed.

On / at 7:08 a.m. the facility owner (Staff B) acknowledged that Staff E had no a background screening because she is a neighbor that comes to read the Bible to residents.

On at 9:00 a.m. the facility owner (Staff B) acknowledged the facility administrator (Staff A), requires a new background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

RE: CCR #2016005394

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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 Sonia Bailey, Health Facility Evaluator Supervior at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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