STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	R
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 (CCR#2016005394) Revisit Survey was conducted on 13, 2016. Happy Place Group Home Inc License #11481 with Limited Mental Health component had the following deficiencies at time of the survey.

0079 Staffing Standards - Levels

Based on observations, record review, and interview the facility failed to have an updated written work schedule which accurately reflects all staff members.

Findings included:

Observation made on at 9:30 AM Staff E and Staff C were found in the facility with residents. Further observations on during tour found the staff schedule posted on the wall and four staff members listed (Staff B, C, D and F). Staff E was not listed on the schedule.

Interview on with the Administrator at 11:30 PM stated, "Staff D no longer works here. She is not coming back. She went to California with her boyfriend. Staff E does not work here she is a friend who comes and helps out sometimes."

Class III

0081 Training - Staff In-Service

Based on observation, interview and record review, the facility failed to ensure that one of five sampled staff (Staff #E) received training in the safe handling of food prior to preparing and serving food to residents.

Findings:

On at 9:30 AM, observed Staff E in the kitchen making residents breakfast and serving them breakfast while they sat at dining table.
Record review showed the facility had no personnel record for Staff E, and did not have any training records.

On at 11:30 PM, the Administrator stated, "Staff E does not work here she is a friend who

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comes and helps out sometimes."

0160 Records - Facility

Based on record review and interview the facility to have one out of seven (#7) sampled residents listed on the admission and discharge log.

Findings included:

An observation during a site tour conducted on at 9:30 AM found a license posted on the wall which shows facility is licensed for 6 beds.

An observation during a site tour on with the Staff C found the following:
had Resident # 6 & #2 (in hospital)
had Resident #1 & 5
for Resident #3, 4, & 7 (observed in bed receiving AM care & clothes in closet).

Interviewed on at approximately 10:00 am, Staff C confirmed that the facility had 7 residents instead of 6 residents.

Record review found that the facility has 6 residents listed on the admission log.

Record review found Residents #7 listed as discharged on .

Class III

0161 Records - Staff

Based on observation, record review and interview the facility failed to have a personnel file for one out of five (#E) sampled staff.

Findings included:

On at 9:30 AM, observed Staff E in the kitchen making residents breakfast and serving them breakfast while they sat at dining table.
Record review showed the facility had no personnel record for Staff E, and did not have, at a minimum, an employment application for the employee.

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SUMMARY STATEMENT OF DEFICIENCIES
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Interview on with the Administrator at 11:30 PM stated, "Staff E does not work here she is a friend who comes and helps out sometimes."

Class III

Z814 Background Screening Clearinghouse

Based on observation, record review and interview the facility failed to register two out of five (#A and E) sampled staff with the Background Screening Clearinghouse.

Findings included:

Observation made on at 9:30 AM Staff E and Staff C were found in the facility with residents.

A review of the Agency for Healthcare Administration (AHCA) Background Screening Clearinghouse database on found Staff B, C, and C listed on the facility's Clearinghouse roster. Staff A and E were not registered on the facility's staff roster.

on at 11:30 PM the Administratorstated, "Staff E does not work here she is a friend who comes and helps out sometimes."

Unclassified

Z815 Background Screening: Prohibited Offenses

Based on observation, record review and interview the facility failed to have a background screening for one of five (#E) sampled staff.

Fndings included:

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

Interview on with the Administrator at 11:30 PM stated, "Staff E does not work here. She is a friend who comes and helps out sometimes."

Unclassified

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

Z827 Unlicensed Activitv

Based on observations, record review, and interview the facility had a census of seven residents and exceeded it licensed capacity of six residents.

Findings included:

Tour conducted on at 9:30 AM found license posted on the wall which shows facility is licensed for 6 beds.
Tour on with the Staff C found the following:
has Resident #2 (in hospital) & 6
has Resident #1 & 5
for Resident #3, 4, & 7 (observed in bed receiving AM care & clothes in closet).

Staff C confirmed on after the tour that the facility had 7 residents instead of 6 residents.

Record review on found that the facility has 6 residents listed on the admission log. Record review found Residents #7 is listed as discharged on that was documented on the log. During the tour her clothing was found in the closet.

Interview on with the owner (Staff B) at 11:30 PM stated, "She Resident #2 went to hospital on Saturday at 3:00 PM. "

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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