RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

[redacted], 2016

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

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on 20, 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 [redacted], 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 Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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Phone:(305) 593-3100; Fax:(305) 593-3121
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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	09/20/2016
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 Standard Biennial survey was conducted on / , Happy Place Group Home Inc. License #11481 had the following deficiencies at time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure that the staff follow the procedure for assisting with self-administration of medication, Per Florida Statute 58A.5.0185(3), for 5 out of 5 sampled residents (Resident #1, 2, 3, 4, 5).

Findings included:

On at 8:48 AM Staff B was observed assisting Residents 1,2,3,4, 5 with self-administration of medication. Staff B handed the medication to residents without telling them the names of the medication:
Staff B did not tell the medication name to Resident #1 for ,
Staff B did not tell the medication name to Resident #2 for , Lisiopril, , Hydroxyzyne.
Staff B did not tell the medication name to Resident #3 for . Staff B did not tell the medication name to Resident #4 for C,
Staff B did not tell the medication name to Resident #5 for

On at 9:00 AM, Staff B Staff stated, she forgot to say the medication name to residents, but she will do so in the future.
Class III

0077 Staffing Standards - Administrators

Based on record review and interview the facility failed to ensure the Administrator of the facility had documentation of a high school diploma or a General Equivalency Diploma (GED).

Findings included:

Record review of employee files revealed there was no documentation of the Administrator's high school diploma or GED. A review on of the Florida Health Finder database showed Staff A as the

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Administrator.

On [redacted] at 9:59 AM, the Administrated stated " I know I have my high school diploma, but I am missing the copy. I send the copy when I send the paperwork for the change of administrator form."

Class III

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to have documentation of a negative [redacted] examination on an annual basis for 1 out of 4 sampled staff (Staff B).

Findings included:

Review of Staff B ' s employee file showed that there was no documentation of a current negative [redacted] examination documented. The last statement on file for Employee B was dated [redacted].

On [redacted] at 1:30 PM Administrator acknowledged Staff B did not have documentation of current annual negative [redacted] exam.

Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility did not ensure that 1 out of 4 sampled staff (Staff B) had received in-service training in [redacted] control.

Findings included:

Record review of Staff B ' s employee file did not have documentation that she received in-service training in [redacted] control.

On [redacted] at 1:30 PM, the Administrator acknowledged that Staff B had not received in-service training in [redacted] control.

Class III

0094 Food Service - Food Hygiene

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Based on record review and interview the facility failed to have documentation of a current annual county health department inspection.
Findings included:
Record review of facility ' s bulletin board revealed county health department inspection was expired. The last health department inspection was done on .
On at 1:30 PM, the Administrator acknowledged that the county health department inspection was expired.
Class III

L243 LMH - Training

Based on record review and interview, the facility failed to provide documentation of the required additional three hours of continuing education for Limited Mental Health for one out of four sampled staff (Staff C).

Findings included:

Review of Staff C (hired /) employee's file revealed that staff did not have current documentation for the required additional three hours of continuing education for Limited Mental Health.

On at 11:15 AM, the facility's Administrator acknowledged she did not have documentation that staff C completed the three additional hours of continuing education every two years.

Class III