



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

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

Dear Administrator:

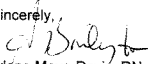
This letter reports the findings of a Limited Nursing Services state licensure survey that was conducted on , 2016 by representative(s) of this office.

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 Supervisor at (305) 593-3100.

Sincerely,


Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/17/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968859	(X3) DATE SURVEY COMPLETED 09/29/2016
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

A Limited Nursing Services Monitoring Survey was conducted on , 2016. Lao S Group Home Corp. (AL#12717) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview facility failed to document evidence of a negative examination on an annual basis for Registered Nurse contracted to provide limited nursing services.

Findings included:

Record review of Registered Nurse contracted by facility revealed that the last negative statement was dated .

On at 11:54 am the Registered Nurse stated on the phone that she could not have the test or a chest X-Ray done because she was and she just had the baby.

Class III