STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967425 Y1	A. Building B. Wing Y2	11/23/2016 Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY PLACE GROUP HOME INC	12216 SW 10 TERRACE MIAMI, FL 33184

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0052	Correction	ID Prefix A0077	Correction	ID Prefix A0078	Correction
Reg. # 58A-5.0185 (3)	Completed	Reg. # 429.176 FS; 58A-5.019(1) FAC	Completed	Reg. # 58A-5.019(2) FAC	Completed
LSC	11/23/2016	LSC	11/23/2016	LSC	11/23/2016
ID Prefix A0081	Correction	ID Prefix A0094	Correction	ID Prefix AL243	Correction
Reg. # 58A-5.0191(2) FAC	Completed	Reg. # 58A-5.020(3) FAC	Completed	Reg. # 429.075(1) FS; 58A-5.0191(8) FAC	Completed
LSC	11/23/2016	LSC	11/23/2016	LSC	11/23/2016
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE 11/30/16	TITLE AHCS	DATE

FOLLOWUP TO SURVEY COMPLETED ON	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?
9/20/2016	☐ YES ☐ NO

STATE FORM: REVISIT REPORT (11/06) EVENT ID: FVD812

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	R 11/23/2016
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 Revisit Survey was conducted on 11/23/2016. Happy Place Group Home Inc, license #11481, had no deficiencies found at time of the survey.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 30, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 23, 2016 by representative(s) of this office.

Attached is the provider's copy of the State Form, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 A Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD:SB
Enclosure

DT9D

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