STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	01/19/2017
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 Complaint Survey (CCR 2016013647) was conducted on 01/19/2016. Lao group Home Corp with Limited Mental Health and Limited Nursing services had the following deficiencies identified at the time of the visit:

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview the facility failed to have a qualified administrator who had completed the basic administrator competency training and certification examination (CORE), no later than 90 days after becoming employed as a facility administrator.

Findings as follow:

Record review showed that the Administrator passed the CORE training, taken from / through . Further record review showed that the facility had no documentation of the successful completion of the CORE competency test by the Administrator (Staff A).

On / at 11:30 p.m. Staff B (assistant administrator) stated Staff A took the CORE test on about 2016 and failed, and that she is not scheduled for any other test.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview the facility failed to have an accurate staffing schedule that reflects the 24 hour weekly staffing hours.

Findings:

Schedule review showed Staff D scheduled to work on / from 8 pm to 8 am.

On / at 11:55 a.m. Staff B (administrator) stated Staff D has not been working in the facility since because she is sick in Cuba.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation, record review and interview the facility failed to provide documentation that 2 out

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

of 3 (Staff A and C) Staff were trained in nutrition and food services.

Findings:

On / at 11:05 a.m. Staff C was observed preparing lunch.

Record review showed the facility failed to provide documentation of Nutrition and food services training for Staff A hired on 08/06/2015 and Staff C, hired on 08/25/2016.

On 01/19/2016 at 11:10 a.m. Staff B acknowledged the facility had no documentation of the Nutrition and food trainings for Staff A and C.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to have an Emergency Management Plan submitted and approved annually.

Findings:

Record review showed the facility's last Emergency management Plan approval was dated

On / at 11:40 a.m. the Assistant Administrator acknowledged that the facility's last Emergency Management Plan submitted and approved was on /

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview the facility failed to provide documentation that 2 out of 3 (Staff A and B) staff had Limited Mental Health (LMH) training

Findings:

Record review showed the facility holds a Standard license with the Limited mental health component. Record review documented the facility failed to provide documentation of the Limited Mental Health (LMH) training for Staff A (hired on), or Staff B (hired on .

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

Staff B acknowledged the facility had no documentation of the LMH trainings for Staff A and B.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

', 2017

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

RE: CCR #2016013647

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on ', 2017 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 , 2017.** 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,

is, RN
Field Office Manager

AMD/sb
Enclosure 2016013647
XG90

Miami Field Office
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Miami, FL
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