STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	R 05/30/2017
NAME OF PROVIDER OR SUPPLIER **LEMAR HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 NW 183RD STREET** **MIAMI, FL 33169**	

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

0000 - Initial Comments

A Standard Biennial Survey Revisit was conducted on May 30, 2017. Lemar Home, Inc. (License # 4910) with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview, the Assisted Living Facility failed to have an accurate and complete health assessment for one out of 5 sampled residents (Resident # 6).

Findings included:

A review of Resident #6's record revealed that admission date was on and the health assessment (AHCA form 1823) was completed on . In the place where the name of the resident was to be written the facility's name was written instead. The assessment said that tthe resident had a . The facility was supposed to have a new face-to-face medical examination done; instead the administrator scratched the facility's name out and wrote the resident's name and signed for the error.

On at 11:50 am the Administrator stated that she had gotten with the residents sample numbers and had mistakenly made a new health assessment for the wrong resident. She also stated that the resident was at the doctor last week, and that she would ask the doctor to send the new health assessment.

Uncorrected Class III