STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	**07/11/2018**
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

An Abbreviated Biennial Survey was conducted on , 11, 2018. Happy Place Group Home Inc. (License #11481) with a Limited Mental Health component had deficiencies identified at the time of the survey:

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

Based on record review and interview the facility failed to be under the supervision of a qualified Administrator for more than 120 days.

Findings included:

Review of Administrator's personnel record revealed that she completed 26 hours CORE training on and became the administrator of the facility on . Further review revealed that she had no CORE certification card in her record.

On at 1:06 PM, the Administrator stated, "On I will do the test again. I have done it twice but did not pass for a few points. I will take a review class before going."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure that within 30 days of employment,one out of four sampled newly hired staff submitted a written statement from a health care provider documenting that the individual did not have any signs or symptoms of communicable (Staff B).

Findings included:

A review of Staff B's record revealed that she was hired on 03/ . There was no written statement from a health care provider documenting that she did not have any signs or symptoms of communicable

On at 1:22 PM Staff B stated, "I went to the doctor and he did not open that day."

Class III

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	AL11967425	**07/11/2018**
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)

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on record review and interview the facility failed to provide documentation that staff hired after , , 2018 had an initial 6 hours training in assistance with self-administration of medications for two out of six sampled staff (C and D).

Findings included:

Record review revealed that Staff C was hired on and had 4 hours of assistance with self-administration of medications training on . Staff D was hired on and had 4 hours of assistance with self-administration of medications training on .

On Administrator stated at 1:23 PM, "I will make sure that all my employees take the 6 hours training in assistance with self-administration of medications."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure that all existing architectural and structural systems, and appurtenances, were maintained in good working order.

Findings included:

On at 9:35 AM, observed that the entrance door paint was falling off and needed to be painted. Once inside observed that in the living family ceiling had a yellow stain and some small holes.

On at 10:15 AM Administrator stated, "I have the new door and I am just waiting for the owner to send the person to install it. The ceiling had a leak and the insurance already came and put some machines with hoses to get the water out of the ceiling. The owner is working on getting the insurance payment to fix the roof."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

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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)

Based on observation, record review and interview the facility failed to provide an accurate health assessment for one out of 6 sampled residents (# 6).

Findings included:

A review of Resident # 6's record revealed that she had been receiving services since . . . . . The last health assessment was completed on and it stated that the resident was under hospice services, requiring total assistance with activities of daily living. The resident needed assistance with self-administration of medications and was on puree diet.

On at 11:35 AM observed Resident # 6 feeding herself regular food in bed.

On at 11:50 AM, the Administrator stated that the resident refused to eat puree and the doctor from hospice told them to give her regular food. The Administrator further stated that she would contact the doctor for a new health assessment."

Class III

L241 - LMH - Records - 429.075(3-4); 58A-5.029(2) FAC

Based on record review and interview the facility failed to have a mental health assessment, community living support plan and . . . , ... agreement for a limited mental health resident (# 5).

Findings included:

Review of Resident # 5's record revealed that she received Optional State Supplement (. . .) and that she had a , . , . . diagnosis. The . . . , . . agreement and community living support plan were blank.

On . . at 1:55 PM Staff B stated, "She goes to the program and they said that they do not need to do it because they give her all the services."

Class III