STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	**07/31/2018**
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#2018009890) was conducted on . . . . . Lao S Group Home Corp. with Limited Mental Health component license #12717 had the following deficiencies found at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to have one out of six sampled residents' health assessment completed within 60 days prior to admission into the facility or 30 days after been admitted in the facility for (Resident #4) residents.

Finding included:

Review of resident records showed that for Resident #4, admitted on . . . . , there was no documentation of a health assessment.

On at 10:30 on a phone interview with the administrator she stated that the resident has the health assessment but the legal guardian took it and has not returned it to the facility.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on record review and interview, the facility's personnel records did not include properly documented evidence of First Aid and ( ) training for one out of six sampled staff (Staff C).

Findings included:

Employee record review revealed no documentation that Staff C (hired date) had current training in First Aid and Training.

On . . . . . at 11:15 AM during the interview with the Owner she stated that she was not aware that the training had expired.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	07/31/2018
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
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0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC

Based on observation, record review, and interview, the facility failed to ensure that one out of five sampled staff had the initial 4/hours training but did not have the 2 hours training for assistance with self-administration of medication (Staff C).

Findings included:

Employee record review revealed that Staff C (hired date), completed an initial 4 hours of training on assisting with self-administration of medication on . There was no documentation of the two addition required hours of training.

On at 11:15 AM, the Owner stated that she was going to make sure the staff get the 2 hour training as soon as possible.

Class III

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

Based on record review and interview the facility failed to provide documentation of an updated Emergency Management Plan submitted to and approved by the local agency.

Findings included:

Record review revealed the facility had an approved Emergency Management Plan dated , which was expired.

On at 10:00 AM by phone, the Administrator stated that they had submitted the application a few months ago and they were still waiting for the letter of approval.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to provide documentation of an updated Emergency Power Plan (EPP) submitted and approved by the local agency.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	**07/31/2018**
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)

Findings included:

Record review revealed the facility did not have an approved Emergency Power Plan available for review.

On . . . . at 1:00 PM the Owner stated that she submitted the application last month and they were still waiting for the letter.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968859	**07/31/2018**
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)

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and interview, the facility failed to ensure that one out of five sampled staff obtained a new eligible Level II background screening after a 90 day break in service (Staff C) .

Findings included:

A review of Staff C's personnel record revealed that she had been hired on and her background screening was dated . On at 9:45 AM Staff C stated, she had not worked for another facility like this or with a health care company within the last 90 days.

On at 11:30 AM, the Owner stated that she was not aware of this regulation and that she was going to send Staff C to do a new background screening.

Class III