STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967425	R 09/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY PLACE GROUP HOME INC	**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 Revisit Survey was conducted on 09/05/2018. Happy Place Group Home Inc. with Limited Mental Health service component (License #11481) had deficiencies identified at the time of the survey:

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

Based on observation and interview the facility failed to maintain the roof in good condition.

Findings included:

On . . . . . at 10:05 AM, observed that the roof was covered with a plastic tarp.

On . . . . . at 10:25 AM Staff A stated, that the roof will be fixed soon because the owner is in the process of obtaining the insurance payment.

Uncorrected
Class III

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

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 showed 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 regular diet.

Hospice record review showed that she had been receiving services since . . . . . . The physician ordered a puree diet on .

On at 11:50 AM, Staff A stated that Resident #6 ate regular food. The resident refused to eat puree and her primary physician completed a new health assessment but she did not contact hospice to change the diet.

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