

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967425	(X3) DATE SURVEY COMPLETED R 11/02/2018
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

A Generator Monitoring Revisit survey was conducted on 11/02/2018. Happy Place Group Home Inc (License # 11481) had no deficiencies identified at the time of the survey: