STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	R 04/02/2019
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 Wellness Monitoring Survey Revisit was conducted at Lemar Home Inc. with on , 2, 2019. Thee facility had had deficiencies identified at the time of the survey.

0077 - Staffing Standards - Administrators - 429.176 FS; 429.52( ),58A-5.019(1) FAC

Based on record review and interview, the facility to report to the state a change of administrator.

Findings included:

Review of the Florida Health Finder database revealed that there was no administrator identified.

Review of the facility's roster in the background screening clearinghouse revealed that there were two active administrators listed.

On Staff B brought the application for change of administrator that she had sent to Tallahassee. She did not provide documentation verifying that the application had been faxed or emailed.

On at 1:00 PM Staff B stated she had called Tallahassee and had spoken to a person that told her that they could not locate her application but that they remembered talking to her.

On Staff B faxed the change of administrator application to Tallahassee and brought the confirmation during the survey. She stated that a person from Tallahassee told her they would be updating it.

Uncorrected
Class III

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

Based on record review and interview, the facility failed to have an accurate heath assessment for one (#5) of six sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	R 04/02/2019
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)

Review of Resident # 5's health assessment dated . . . . . showed that his needs could be met at the assisted living facility; however there was a comment stating, "Requires to reside in a Limited Nursing Facility / Limited Mental Health."

Review of prior documents submitting during facility inspections revealed that the health assessment was the same one reviewed at the time of the wellness monitoring survey.

Review of Resident # 5's health assessment dated . . . . . revealed that it had only the name of the Nurse Practitioner that had completed it but and had no signature or provider's license number.

On at 1:15 PM Staff B stated that she had another health assessment but could not find it.

Uncorrected
Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	R **04/02/2019**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to update its employee roster in the background screening clearinghouse database for one (A) of five sampled staff.

Findings included:

A review of the employee roster in the background screening clearinghouse database revealed that Staff A was listed as the Administrator and also Staff B.

On [redacted] at 8:35 AM Staff D stated that Staff A had [redacted] in [redacted].

On [redacted] at 10:15 AM Staff B stated, that they had asked a lady to update the roster for her but she only put an end date on the home health agency that Staff A used to administer.

Uncorrected
Unclassified