STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910950	**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 Standard Biennial Survey was conducted at Lemar Home Inc. on , , . The facility had deficiencies identified at the time of the survey.

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

Based on record review and interview, the facility failed to provide documentation of a current annual community living support plan and , agreement for two out of six sampled residents (Resident # 2 and # 5).

Findings included:

Review of Resident # 2's record revealed that the , agreement had been signed on and the annual community support plan on . Review of Resident # 5's record revealed that the , agreement and annual community support plan had been signed on .

On at 1:20 PM the Administrator stated, "They brought new forms to fill them out."

Class III