Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966313	A. BUILDING: _____ B. WING _____	02/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE VILLA RETIREMENT HOME AT PEMBRC	1145 NW 92ND AVENUE PEMBROKE PINES, FL 33024

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Focused Control and Generator Monitoring survey was conducted on at Paradise Villa Retirement Home at Pembroke Pines. The facility had deficiencies at the time of the survey.	A 000		
A 032	59A-36.007(8) FAC Resident Care - Elopement Standards 59A-36.007 (8) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all	A 032		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 032	Continued From page 1 facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to sections 429.41(1)(a)3. and 429.41(1)(i), F.S. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to conduct at least two mock elopement drills per year to include all direct care staff and administration. The findings included:	A 032		

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A 032	Continued From page 2 A review of the current employee staffing schedule was conducted to reveal there were 7 staff members and 2 administrative staff members listed. On [redacted] a side-by-side review of the employee mock elopement drills was conducted with the Administrator. It was revealed the following elopements drills were completed: 1. On [redacted] at 9:30 AM Staff C and Staff D participated in an elopement drill. 2. On [redacted] at 10:30 AM Staff G and Staff H participated in an elopement drill. 3. On [redacted] at 2:10 PM Staff B and Staff H participated in an elopement drill. 4. On [redacted] at 1:00 PM Staff C and Staff I participated in an elopement drill. On [redacted] at 3:00 PM, an interview was conducted with the Administrator. She stated she was not aware all staff and administrators were required to participate in the annual drills. Class III	A 032		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility	A 152		

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A 152	Continued From page 3 supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy was provided during the use of a bedside commode for 1 of 1 residents observed who uses a bedside commode, (Resident #6). The findings included: On at 10:05 AM, an interview was conducted with Resident # 6. She stated she is able to transfer to the bedside commode next to her bed on her own.	A 152		

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A 152	Continued From page 4 On ..... at 10:05 AM, a tour of Resident #6's bedroom was conducted to reveal she shared the bedroom with Resident #5. A bedside commode was observed situated between Resident #5 and Resident #6's beds. Resident #5 and Resident #6 were observed seated in recliner chairs positioned next to the bedside commode. There was no evidence of any privacy curtain or partition available for use if Resident #6 required the use of the bedside commode. On at 2:40 PM, an interview was conducted with the Administrator. She confirmed Resident # 6 does use the bedside commode independently. She stated Resident #6's roommate has to leave the room when Resident #6 has to use the bedside commode. The Administrator stated she could provide a privacy curtain or partition for Resident #6's privacy. Class III	A 152		