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
	AL11969644	A. BUILDING: _____ B. WING _____	08/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEALTH PARADISE ALF LLC	27780 SW 135TH AVE RD HOMESTEAD, FL 33032

(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 A Biennial and Generator Monitoring survey were conducted at Health Paradise ALF on [redacted]. Deficiencies were identified at the time of the survey.	A 000		
A 182 SS=I	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that all staff had access and were trained in their duties, and would be responsible for implementing the emergency management plan. Staff B was unable to start the alternate power source (a portable generator) that would be used to cool the facility in the event of a loss of primary power. The generator was also inaccessible to the sole staff on duty. Findings Included: Observation on [redacted] at 6:45 AM revealed Staff B working alone at the facility with 4 residents. During an interview on [redacted] at 6:55 AM, Staff B was asked where the generator was. Staff B stated "It is in the garage. I don't have the key to	A 182		

AHCA Form 3020-0001

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

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A 182	Continued From page 1 the garage, only the owner does." During a telephone interview on . . . . . at 7:19 AM, the Owner and Administrator stated "I will call my son to open the garage. I had to leave on an emergency and I took the key. I am normally there every morning." Observation on . . . . . at 8:37 AM revealed SUA 12000 E (portable generator) outside of the garage. Further observation revealed Staff B was unable to successfully operate the generator. During an interview on at 8:38 AM, Staff B stated "I've turned it on 2 times before. Its been a month since I practiced. I cant do it right now, I don't have the force." Review of personnel records revealed Staff B had training on understanding the facility's emergency procedures on . . . . . . Class II	A 182		