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
	AL11966989	A. BUILDING: _____ B. WING _____	08/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVELYN'S PARADISE #1 LLC	11470 SW 80 TERRACE MIAMI, FL 33173

(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 Licensure with LMH and generator monitoring survey was conducted at , . Deficiencies were identified at the time of the survey.	A 000		
A 083 SS=F	59A-36.011(5) FAC Training - First Aid and (5) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure that two out of three sampled staff (Staff B and Staff C) knew how to adequately perform (, ,). Findings included:	A 083		

AHCA Form 3020-0001

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

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A 083	Continued From page 1 Observation on at 6:46 AM revealed Staff B and Staff C working at the facility with a census of 6 residents. Review of Staff B's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. Review of Staff C's personnel file showed that she completed the and First Aid training on and it was valid for 2 years. During an interview on at 7:12 AM , when describing , Staff C stated "If someone is unresponsive, I first call 911, I listen to the instructions. I do the massages on the , I don't know how many. This has never happened in my 4 years of working." During an interview on at 7:19 AM, when describing , Staff B stated "If someone is unresponsive, I lay them flat, I check their vitals for breathing, I call 911, and I do , I do the , and I do it 3 times and wait, and do breaths 3 times." According to the American Association, should be performed at 30 , and 2 breaths and continued until the victim revives or help arrives. Class III	A 083		