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
	AL11967426	A. BUILDING: _____ B. WING _____	R 01/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE HOME ALF CORP	8950 SW 215TH TERRACE CUTLER BAY, FL 33189

(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 revisit to a re-licensure survey was conducted at Paradise Home Assisted Living Facility Corp. on . A deficiency was identified at the time of the survey.	{A 000}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.	{A 054}		

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{A 054}	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to immediately update the medication observation record (MOR) each time the medication was offered or administered for four out of four (Residents #1, #2, #3 and #4) sampled residents. Findings as follow: Review of the medication observation record's at 9:45AM showed the 7:00AM medications prescribed for Resident's #1, #2, #3 and #4 were not signed/initialed as being offered or administered. On . . . . . at 9:45 AM Staff B stated Residents #1, #2, #3 and #4 had taken the 7:00AM medications as prescribed. Staff B stated she had forgot to signed/initial the medication observation record. On . . . . . at 10:15 AM, concerning the unsigned medication observation record for Resident's #1,#2,#3, and #4, the Administrator stated, he would retrain Staff B on how to assist residents with self- administration of medications. Class III Uncorrected	{A 054}		