

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969628</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/15/2024</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**PARAISO ALF LLC**

**4500 SW 114 CT  
MIAMI, FL 33165**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A biennial re-licensure survey was conducted at<br>Paraiso ALF on . . . . . The provider had<br>deficiencies identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 000               |                                                                                                                          |                          |
| A 034<br>SS=D            | 59A-36.007(9) ASSISTIVE DEVICES<br><br>(9) ASSISTIVE DEVICES. Facilities are<br>responsible for ensuring the safe usage of a<br>resident's assistive devices.<br>(a) The facility must have policies and procedures<br>that include the requirements and methods for<br>assessing the physical condition of assistive<br>devices that may injure the resident and<br>procedures for recommending repair or<br>replacement for the continuing safety of a<br>resident's assistive device.<br>(b) Documentation of each assistive device a<br>resident uses must be included in the resident's<br>record.<br>(c) Direct care staff using assistive devices while<br>rendering personal services to residents must<br>know how to operate and utilize the equipment.<br>(d) All assistive devices must be clean, in good<br>repair, and free of hazards.<br>(e) The facility must encourage and allow the<br>resident to function with independence when<br>using the assistive device.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and<br>interview, the facility failed to document the use of<br>an assistive device for one out of five (Resident<br>#2) sampled residents.<br><br>Findings:<br><br>Observation on . . . . . at 8:30 AM showed<br>Resident #2 using a walker. | A 034               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARAISO ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4500 SW 114 CT<br/>MIAMI, FL 33165</b>                                       |                          |                                                        |
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| A 034                                                      | Continued From page 1<br><br>A review of Resident #2's 1823 health assessment with a completion date of showed Resident #2 needed supervision with ambulation, bathing, toileting, transferring, _____ and was independent with grooming and eating. Further review of the record showed no use of a walker was documentation.<br><br>Interviewed on _____ at 1:01 PM, the Administrator acknowledged that Resident #2 did not have documentation for the use of the walker in the file.<br><br>Class III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 034                                                                          |                                                                                                                          |                          |                                                        |
| A 052<br>SS=D                                              | 429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin<br><br>429.256<br>(3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an _____ syringe that is prefilled with the proper dosage by a pharmacist and an _____ that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers.<br>(b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including | A 052                                                                          |                                                                                                                          |                          |                                                        |

Agency for Health Care Administration

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| A 052                                                      | <p>Continued From page 2</p> <p>names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change.</p> <p>(c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . . . . .</p> <p>(d) Applying . . . . . medications.</p> <p>(e) Returning the medication container to proper storage.</p> <p>(f) Keeping a record of when a resident receives assistance with self-administration under this section.</p> <p>(g) Assisting with the use of a . . . . ., including removing the cap of a . . . . ., opening the unit dose of . . . . . solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . . . . .</p> <p>(4) Assistance with self-administration of medication does not include:</p> <p>(a) Mixing, . . . . ., converting, or . . . . . medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.</p> <p>(b) The preparation of syringes for injection or the administration of medications by any injectable route.</p> <p>(c) Administration of medications by way of a tube inserted in a . . . . . of the body.</p> <p>(d) Administration of . . . . . preparations.</p> <p>(e) The use of irrigations or debriding agents used in the treatment of a skin condition.</p> <p>(f) Assisting with . . . . ., or . . . . . preparations.</p> <p>(g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                      | <p>Continued From page 3</p> <p>parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication.</p> <p>(h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.</p> <p>(5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003.</p> <p>59A-36.008<br/>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br/>(a) Any unlicensed person providing assistance with self-administration of medication must be _____ or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule.<br/>(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed.<br/>(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must</p> | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                      | Continued From page 4<br><br>not be returned to the container.<br>(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.<br>(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:<br>1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,<br>2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,<br>3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or<br>4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.<br>(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.<br>(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.<br>(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. | A 052                                                                          |                                                                                                                          |                          |                                                        |

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| A 052                                                      | Continued From page 5<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, record review and<br>interview, the facility failed to ensure staff that<br>provide assistance with self-administration of<br>medications follow the guidelines and orally<br>advise residents of the name & dosages for one<br>out three (Staff E) sampled staff.<br><br>Findings:<br><br>Observation on _____ at 7:00 PM, showed<br>staff E provide assistance with self-administration<br>of medications to Resident #4. Observed Staff E<br>popped each medication from the _____ packs<br>and gave the medications to the resident. Staff E<br>did not orally advise the resident of the names<br>and dosages.<br><br>A review of Resident #4's records found no<br>medication waiver to opt out of being orally advise<br>of the names and dosage of the medications.<br><br>Interviewed on _____ at 11:58 AM when<br>informed that Staff E did not name the medication<br>names and dosages, the Administrator stated,<br>"ok!"<br><br>Class III | A 052                                                                              |                                                                                                                          |                                                        |
| A 152<br>SS=D                                              | 59A-36.014(3) FAC Physical Plant - Safe Living<br>Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to<br>section 429.28(1)(a), F.S.;<br>2. Be maintained free of hazards; and,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | A 152                                                                              |                                                                                                                          |                                                        |

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| A 152                                                      | <p>Continued From page 6</p> <p>3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order.</p> <p>(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 supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings:</p> <ol style="list-style-type: none"> <li>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 height to ensure easy access by the resident,</li> <li>2. A closet or wardrobe space for hanging clothes,</li> <li>3. A dresser, or other furniture designed for storage of clothing or personal effects,</li> <li>4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and,</li> <li>5. A comfortable chair, if requested.</li> </ol> <p>(c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency.</p> <p>(d) Residents who use portable bedside commodes must be provided with privacy during use.</p> <p>(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</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation, record review and interview, the facility failed to maintain a safe and free of hazards living environment.</p> <p>Findings:</p> | A 152                                                                          |                                                                                                                          |                          |                                                        |

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| A 152                                                      | Continued From page 7<br><br>Observation on . . . . . at 6:47 AM showed two cats on the property, at the side of the facility, with cat food in a bowl. Photographic evidence obtained.<br><br>Observation on . . . . . at 8:21 AM showed a gray cat entered the facility and then taken out by Staff C (Caregiver).<br><br>A review of the facility's records showed no documentation of cats . . . . . records/certification.<br><br>Interviewed on . . . . . at 11:58 AM, the Administrator stated that the cats don't belong to him and that he knows he has to have a license (papers) to have the cats on the property.<br><br>Class III | A 152                                                                              |                                                                                                                          |  |                                                        |
| A 162<br>SS=D                                              | 59A-36.015(3) FAC Records - Resident<br><br>(3) RESIDENT RECORDS. Resident records must be maintained on the premises and include:<br>(a) Resident demographic data as follows:<br>1. Name,<br>2. .<br>3. Race,<br>4. Date of birth,<br>5. Place of birth, if known,<br>6. Social security number,<br>7. Medicaid and/or Medicare number, or name of other health insurance .<br>8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and,<br>9. Name, address, and telephone number of the                                         | A 162                                                                              |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARAISO ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4500 SW 114 CT<br/>MIAMI, FL 33165</b> |                                                                                                                          |                                                        |
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| A 162                                                      | Continued From page 8<br><br>resident's health care practitioner and case manager, if applicable.<br>(b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C.<br>(c) Any orders for medications, nursing services, therapeutic diets, _____, or other services to be provided, supervised, or implemented by the facility that require a health care provider's order.<br>(d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable.<br>(e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C.<br>(f) A _____ record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their _____ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that _____ not be taken.<br>(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract.<br>(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C.<br>(i) A copy of the resident's contract with the facility, including any addendums to the contract | A 162                                                                              |                                                                                                                          |                                                        |

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| A 162                                                      | <p>Continued From page 9</p> <p>as described in Rule 59A-36.018, F.A.C.</p> <p>(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.</p> <p>(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.</p> <p>(l) If the resident is an _____ recipient, a copy of the Department of Children and Families form Alternate Care Certification for _____, _____ (_____), CF-ES 1006, _____, which is hereby incorporated by reference and available for review at: <a href="http://www.flrules.org/Gateway/reference.asp?No=Ref-04004">http://www.flrules.org/Gateway/reference.asp?No=Ref-04004</a>. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families.</p> <p>(m) Documentation of the _____ of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable.</p> <p>(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C.</p> <p>(o) The resident's _____, DH Form 1896, if applicable.</p> <p>(p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services,</p> | A 162                                                                              |                                                                                                                          |  |                                                        |

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| A 162                                                      | <p>Continued From page 10</p> <p>record keeping may be limited to a log listing the names of residents participating in this arrangement.</p> <p>(q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility.</p> <p>(r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a completed 1823 health assessment for one out of five ( Resident #3) sampled residents.</p> <p>Findings:</p> <p>A review of Resident #3's 1823 health assessment showed a completion date for . Further review of the health assessment showed the facility information and special precautions sections were left blank.</p> <p>Interviewed on _____ at 1:01 PM, the Administrator stated the person at the clinic was to complete the health assessment.</p> <p>Class III</p> | A 162                                                                          |                                                                                                                          |                          |                                                        |
| A 200<br>SS=D                                              | 59A-36.025 FAC Emergency Environmental Control                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A 200                                                                          |                                                                                                                          |                          |                                                        |

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| A 200                                                      | Continued From page 11<br><br>59A-36.025 Emergency Environmental Control for Assisted Living Facilities.<br>(1) DETAILED EMERGENCY ENVIRONMENTAL CONTROL PLAN. Each assisted living facility shall prepare a detailed plan ("plan") to serve as a supplement to its Comprehensive Emergency Management Plan, to address emergency environmental control in the event of the loss of primary electrical power in that assisted living facility which includes the following information:<br>(a) The acquisition of a sufficient alternate power source such as a generator(s), maintained at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.<br>1. The required temperature must be maintained in an area or areas, determined by the assisted living facility, of sufficient size to maintain residents safely at all times and that is appropriate for resident care needs and life safety requirements. For planning purposes, no less than twenty (20) net square per resident must be provided. The assisted living facility may use eighty percent (80%) of its licensed bed capacity as the number of residents to be used in the to determine the required square footage. This may include areas that are less than the entire assisted living facility if the assisted living facility's comprehensive emergency management plan includes allowing a resident to congregate when he or she desires in portions of the building where temperatures will be maintained and includes procedures for monitoring residents for signs of heat related injury as required by this rule. This rule does not | A 200                                                                          |                                                                                                                          |  |                                                        |

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| A 200                                                      | Continued From page 12<br><br>prohibit a facility from acting as a receiving provider for evacuees when the conditions stated in Section 408.821, F.S. and subsection 59A-36.019(5), F.A.C., are met. The plan shall include information regarding the area(s) within the assisted living facility where the required temperature will be maintained.<br><br>2. The alternate power source and fuel supply shall be located in an area(s) in accordance with local zoning and the Florida Building Code.<br><br>3. Each assisted living facility is unique in size; the types of care provided; the physical and mental capabilities and needs of residents; the type, frequency, and amount of services and care offered; and staffing characteristics. Accordingly, this rule does not limit the types of systems or equipment that may be used to achieve . . . . . temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power. The plan shall include information regarding the systems and equipment that will be used by the assisted living facility and the fuel required to operate the systems and equipment.<br><br>a. An assisted living facility in an evacuation zone pursuant to Chapter 252, F. S. must maintain an alternative power source and fuel as required by this subsection at all times when the assisted living facility is occupied but is permitted to utilize a mobile generator(s) to enable portability if evacuation is necessary.<br><br>b. Assisted living facilities located on a single campus with other facilities under common ownership, may share fuel, alternative power resources, and resident space available on the campus if such resources are sufficient to support the requirements of each facility's residents, as specified in this rule. Details regarding how resources will be shared and any | A 200                                                                          |                                                                                                                          |  |                                                        |

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| A 200                                                      | <p>Continued From page 13</p> <p>necessary movement of residents must be clearly described in the emergency power plan.</p> <p>c. A multistory facility, whose comprehensive emergency management plan is to move residents to a higher floor during a flood or surge event, must place its alternative power source and all necessary additional equipment so it can safely operate in a location protected from flooding or storm surge damage.</p> <p>(b) The acquisition of sufficient fuel, and safe maintenance of that fuel at the facility, to ensure that in the event of the loss of primary electrical power there is sufficient fuel available for the alternate power source to maintain temperatures at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours after the loss of primary electrical power during a declared state of emergency. The plan must include information regarding fuel source and fuel storage.</p> <p>1. Facilities must store minimum amounts of fuel onsite as follows:</p> <p>a. A facility with a licensed capacity of 16 beds or less must store 48 hours of fuel onsite.</p> <p>b. A facility with a licensed capacity of 17 or more beds must store 72 hours of fuel onsite.</p> <p>2. An assisted living facility located in an area in a declared state of emergency area pursuant to Section 252.36, F.S. that may impact primary power delivery must secure ninety-six (96) hours of fuel. The assisted living facility may utilize portable fuel storage containers for the remaining fuel necessary for ninety-six (96) hours during the period of a declared state of emergency.</p> <p>3. Piped natural gas is an allowable fuel source and meets the onsite fuel supply requirements under this rule.</p> <p>4. If local ordinances or other regulations limit the amount of onsite fuel storage for the assisted</p> | A 200                                                                          |                                                                                                                          |  |                                                        |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARAISO ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4500 SW 114 CT<br/>MIAMI, FL 33165</b> |                                                                                                                          |                                                        |
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| A 200                                                      | Continued From page 14<br><br>living facility's location, then the assisted living facility must develop a plan that includes maximum onsite fuel storage allowable by the ordinance or regulation and a reliable method to obtain the maximum additional fuel at least 24 hours prior to depletion of onsite fuel.<br>(c) The acquisition of services necessary to maintain, and test the equipment and its functions to ensure the safe and sufficient operation of the alternate power source maintained at the assisted living facility.<br>(d) The acquisition and maintenance of a monoxide alarm.<br>(2) SUBMISSION OF THE PLAN.<br>(a) Each new assisted living facility shall submit the plan required under this rule prior to obtaining a license.<br>(b) Each existing assisted living facility that undergoes any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of its systems or equipment affecting the facility's compliance with this rule shall amend its plan and submit it to the county emergency management agency for review and approval.<br>(3) APPROVED PLANS.<br>(a) Each assisted living facility must maintain a copy of its approved plan in a manner that makes the plan readily available at the licensee's physical address for review by a legally authorized entity. If the plan is maintained in an electronic format, assisted living facility staff must be readily available to access and produce the plan. For purposes of this section, "readily available" means the ability to immediately produce the plan, either in electronic or paper format, upon request.<br>(b) Within 30 days of the approval of the plan from the county emergency management agency, | A 200                                                                              |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969628</b>     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>07/15/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARAISO ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4500 SW 114 CT<br/>MIAMI, FL 33165</b> |                                                                                                                          |  |                                                        |
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| A 200                                                      | <p>Continued From page 15</p> <p>the assisted living facility shall submit in writing proof of the approval to the Agency for Health Care Administration to <a href="mailto:assistedliving@ahca.myflorida.com">assistedliving@ahca.myflorida.com</a>.</p> <p>(c) The assisted living facility shall submit a consumer-friendly summary of the emergency power plan to the Agency. The Agency shall post the summary and notice of the approval and implementation of the assisted living facility emergency power plans on its website within ten (10) business days of the plan's approval by the county emergency management agency and update within ten (10) business days of implementation.</p> <p>(4) IMPLEMENTATION OF THE PLAN.</p> <p>(a) Each assisted living facility licensed prior to the effective date of this rule shall, no later than _____, have implemented the plan required under this rule.</p> <p>(b) Each new assisted living facility shall implement the plan required under this rule prior to obtaining a license.</p> <p>(c) Existing assisted living facilities that undergo any additions, modifications, alterations, refurbishment, renovations or reconstruction that require modification of the systems or equipment affecting the assisted living facility's compliance with this rule shall implement its amended plan concurrent with any such additions, modifications, alterations, refurbishment, renovations or reconstruction.</p> <p>(5) POLICIES AND PROCEDURES.</p> <p>(a) Each assisted living facility shall develop and implement written policies and procedures to ensure that the assisted living facility can effectively and immediately activate, operate and maintain the alternate power source and any fuel required for the operation of the alternate power source. The procedures shall ensure that</p> | A 200                                                                              |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PARAISO ALF LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4500 SW 114 CT<br/>MIAMI, FL 33165</b>                                       |  |                                                        |
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| A 200                                                      | Continued From page 16<br><br>residents do not experience complications from fluctuations in air temperatures inside the facility. Procedures must address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury including:<br>1. The use of cooling devices and equipment;<br>2. The use of refrigeration and freezers to produce ice and appropriate temperatures for the maintenance of medicines requiring refrigeration;<br>3. Wellness checks by assisted living facility staff to monitor for signs of _____ and heat injury; and<br>4. A provision for obtaining medical intervention from emergency services for residents whose life safety is in jeopardy.<br>(b) Each assisted living facility shall maintain the written policies and procedures in a manner that makes them readily available at the licensee's physical address for review by a legally authorized entity. If the policies and procedures are maintained in an electronic format, assisted living facility staff must be readily available to access the policies and procedures and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce the policies and procedures, either in electronic or paper format, upon request.<br>(c) The written policies and procedures must be readily available for inspection by each resident; each resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; each resident's estate; and such additional parties as authorized in writing or by law.<br>(6) REVOCATION OF LICENSE, FINES OR SANCTIONS. For a violation of any part of this rule, the Agency for Health Care Administration | A 200                                                                          |                                                                                                                          |  |                                                        |

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**4500 SW 114 CT  
MIAMI, FL 33165**

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| A 200                    | <p>Continued From page 17</p> <p>may seek any remedy authorized by Chapter 429, Part I, or Chapter 408, Part II, F.S., including, but not limited to, license revocation, license suspension, and the imposition of administrative fines.</p> <p>(7) COMPREHENSIVE EMERGENCY MANAGEMENT PLAN.</p> <p>(a) Assisted living facilities whose comprehensive emergency management plan is to evacuate must comply with this rule.</p> <p>(b) Each facility whose plan has been approved shall submit the plan as an addendum with any future submissions for approval of its comprehensive emergency management plan.</p> <p>(8) NOTIFICATION.</p> <p>(a) Within five (5) business days, each assisted living facility must notify in writing, unless permission for electronic communication has been granted, each resident and the resident's legal representative:</p> <ol style="list-style-type: none"> <li>1. Upon the initial submission of the plan to the county emergency management agency that the plan has been submitted for review and approval;</li> <li>2. Upon final implementation of the plan by the assisted living facility.</li> <li>3. Annual submissions and approvals of the plan do not require notification to residents or their legal representatives unless a significant modification as defined in Rule 59A-36.019, F.A.C., has been made to the plan.</li> </ol> <p>(b) Each assisted living facility must maintain a copy of each notification set forth in paragraph (a) above in a manner that makes each notification readily available at the licensee's physical address for review by a legally authorized entity. If the notifications are maintained in an electronic format, facility staff must be readily available to access and produce the notifications. For purposes of this section, "readily available"</p> | A 200               |                                                                                                                          |                          |

Agency for Health Care Administration

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| A 200                    | <p>Continued From page 18</p> <p>means the ability to immediately produce the notifications, either in electronic or paper format, upon request.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on observation and interview, the facility failed to maintain a working . . . . monoxide detector.</p> <p>Findings:</p> <p>Observation on . . . . at 6:48 AM, showed a battery-operated . . . . monoxide detector located in the common area. The monoxide detector test button was pressed several times and the alarm did not work.</p> <p>Interviewed on . . . . at 1:01 PM, the Administrator stated that the fire department checked it, and that it must be broken.</p> <p>Class III</p> | A 200               |                                                                                                                          |                          |