

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>AL11965865</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>06/13/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>E &amp; A PARADISE HOME INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5925 SW 117 AVENUE</b><br><b>MIAMI, FL 33183</b>                             |  |                                                                    |
| (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                                           |
| {A 000}                                                                | Initial Comments<br><br>A revisit to a re-licensure survey and generator monitoring was conducted at E & A Paradise Home Inc on . Deficiency was identified to be corrected. New deficiencies were identified at the time of survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {A 000}                                                                        |                                                                                                                          |  |                                                                    |
| A 025<br>SS=D                                                          | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making . . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition.<br><br>59A-36.007 Resident Care Standards.<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of | A 025                                                                          |                                                                                                                          |  |                                                                    |

AHCA Form 3020-0001

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

TITLE

(X8) DATE

Agency for Health Care Administration

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| A 025                                                                  | <p>Continued From page 1</p> <p>resident diets in accordance with Rule 59A-36.012, F.A.C.</p> <p>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.</p> <p>(c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.</p> <p>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.</p> <p>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.</p> <p>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to maintain written record, updated of a that resulted in medical attention for one out of six residents (Resident #1).</p> <p>Findings as follow:</p> <p>On at 11:50 AM Staff B stated on at night Resident #1 had a in her room when she stood up from bed to go to the bathroom. She stated the facility called the rescue, who transferred the resident to the hospital for evaluation. Resident had a little scratch on her forehead. Her son was informed.</p> | A 025                                                                          |                                                                                                                          |                          |                                                                    |

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| A 025                                                                  | <p>Continued From page 2</p> <p>There were no stitches or bone . She added that the resident was still at a hospital.</p> <p>Review of Resident #1's record showed the facility did not have documentation of Resident #1's , transference to the hospital by the rescue and medical examination results.</p> <p>On at 11:55 AM the Administrator stated all the information related to Resident #1's would be added on her record.</p> <p>Class III</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | A 025                                                                                        |                                                                                                                          |                                                                    |
| A 165<br>SS=D                                                          | <p>429.23( &amp; ) FS Risk Mgmt &amp; QA</p> <p>429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.-</p> <p>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.</p> <p>(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means:</p> <p>(a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in:</p> <p>1. ;</p> <p>2. or damage;</p> <p>3. Permanent ;</p> |                                                                                | A 165                                                                                        |                                                                                                                          |                                                                    |

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| A 165                                                                  | Continued From page 3<br><br>4. _____ or _____ of bones or joints;<br>5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;<br>6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or<br>7. An event that is reported to law enforcement or its personnel for investigation; or<br>(b) Resident elopement, if the elopement places the resident at risk of harm or injury.<br>(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.<br>(4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident.<br>(6) _____, neglect, or _____ must be reported to the Department of Children and Families as required under chapter 415.<br>(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially | A 165                                                                          |                                                                                                                          |                          |                                                                    |

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| A 165                                                                  | <p>Continued From page 4</p> <p>involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.</p> <p>(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.</p> <p>(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.</p> <p>(10) The agency may adopt rules necessary to administer this section.</p> <p>This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to submit a one day incident report to The Agency for Health Care Administration (AHCA) after one out of six residents was transported to the hospital after a . (Resident #1).</p> <p>Findings as follow:</p> <p>On at 11:50 AM Staff B stated on at night Resident #1 had a in her</p> | A 165                                                                                  |                                                                                                                          |  |                                                              |

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| A 165                                                                  | <p>Continued From page 5</p> <p>room when stand up from bed to go to the bathroom. Resident had a little scratch on her forehead. She called the rescue and they transferred the resident to the hospital. There were no stitches, no bone</p> <p>Review of the incident reporting database showed the facility did not report the incident to AHCA.</p> <p>On at 11:55 AM the Administrator stated through a phone call that he did not report Resident #1's to AHCA because the resident did not suffer any</p> <p>Class III</p> | A 165                                                                                        |                                                                                                                          |  |                                                                    |