STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966626	06/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Paradise Villa Retirement At Sheridan #V	11330 Sheridan Street Pembroke Pines, FL 33028

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:

St - A - 0000 - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility standard biennial relicensure survey was conducted on . Paradise Villa Retirement at Sheridan, had licensure deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on observation interview and record review, the facility failed to notify the physician and family after a .... resulting in injury, for 1 out of 5 sampled residents (Resident # 1) .

The findings include:

Observation on ..... at 10:00 AM during a tour of the facility, Resident #1 was observed sitting in the TV ... . a long sleeve shirt and an undated bandage covered in what appeared to be .... on her left arm. The resident appeared ..... and could not verbalize what happened when questioned by the surveyor regarding the bandage. An interview at 10:45 AM on with both facility aides revealed the resident had a ... the day before. They said they notified the Administrator who said she would take care of things.

A review of the resident's record did not reveal an incident report or any documentation regarding the ... resulting in injury. Further review failed to indicate notification to the family or physician. During an interview on ..... at 1:00 PM with the Administrator, she stated she was not notified of the injury until she arrived for the survey today.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview, the facility did not provide an ongoing resident activities program as described in its posted schedule.

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The findings are:

Observation on . . . From 9:00 AM to 12:00 PM, there were no activities taking place inside the facility common areas. The residents are . . . and unable to answer questions. Review of the activities schedule posted in the living . . . . . arts and crafts and finger painting. Interview at 10:00 AM with the the Aide, she stated all of the crayons are broken, they do not have any more coloring books, they did not have fingerpaints and they did not have any craft supplies or paper to color on.

After the Administrators arrival, an interview at 12:40 PM was conducted to observe the facility activity supplies she acknowledged all of the crayons were broken and they did not have anymore. She also stated they do not keep any arts and craft supplies at the facility they are brought in by her or her mom when they do it.

During an interview on . . . . . at approximate 1:40PM with Resident #3's caregiver, it was stated the resident does not get enough stimulation and they do not do any outings or activities.

At 2:20 PM when the Administrator's mom who is also the Owner arrived observation was made of the activity supplies. The facility did not have any arts and crafts materials to deliver the planned resident activities described in the posted schedule.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based on observation, interview and record review, the facility failed to follow written physician orders for medication administration as evidenced by the failure to administer prescribed medications in accordance with a health care provider's order, for 1 out of 3 sampled residents (Resident # 3).

The findings include:

Resident #3 was admitted to the facility on . . . . . with a diagnosis to include . . . and . . . During medication reconciliation at 12:30 PM with the Administrator a bottle of . . .5 mg, 1 at night for . . filled on . . . with 7 pills left was noted. The Administrator stated the resident gets the medication daily and it should be on the MOR. The . . . . . was not listed on the residents medication observation record (MOR).

At 12:45 PM the CNA was observed while the resident was sitting at the table eating lunch shaking and administering 1 puff of their inhaler. Further review of the MOR documented the inhaler as . . . . . and the order was for 2 puffs q6 (every 6 hours). During review the Administrator acknowledged the findings.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure all staff were free of any signs or symptoms of for 2 out of 4 sampled staff/employees (Staff #2 & #3).

The findings include:

Review of the personnel files showed that Staff #2 was hired on and Staff #3 was hired on Further review revealed both files lacked documentation from the staff member's health care provider indicating the person did not have any signs or symptoms of a communicable including The Administrator confirmed the findings on in an interview at 3:00 p.m.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

Based on record review, observation and interview, the facility did not have a staff member designated in writing as the food service designee with 2 hours of training annually.

The findings include:

Staff #1 was observed preparing lunch. In an interview on at 11:47 AM, Staff #1 stated that she prepares the meals in the facility . Review of the personnel files showed that Staff #1 was hired on and had no certification regarding any training as a Food Service Designee. In an interview on at 1:55 PM, the Administrator confirmed the findings stating, she did not know they (the facility) had to have a food service designee.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on record review and interview, the facility failed to have the required documentation of compliance with a background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.;

The findings include:

Record review on revealed Staff Employee # 4 who provides direct care, did not have the required results of a level 2 background screen. The results dated documents "Awaiting privacy policy" During an interview with the Administrator, she stated she never followed up with the background unit regarding the employees results. At 2:05 PM the Administrator was provided with the phone number of the background , she contacted the unit at this time. An interview with an agency representative revealed Employee #4's background screening has not been completed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Paradise Villa Retirement At Sheridan #V
11330 Sheridan Street
Pembroke Pines, FL 33028

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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