STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966626	10/31/2013
NAME OF PROVIDER OR SUPPLIER **Paradise Villa Retirement At Sheridan #v**	STREET ADDRESS, CITY, STATE, ZIP CODE **11330 Sheridan Street Pembroke Pines, FL 33028**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-10/31/2013
0026-Resident Care - Social & Leisure Activities-10/31/2013
0078-Staffing Standards - Staff-10/31/2013
0092-Food Service - General Responsibilities-10/31/2013
0161-Records - Staff- /2013

Revisit Repeat Tags:
0000-Initial Comments-
0053-Medication - Administration-58a-5.0185(4) Fac

Specific Tag Findings:

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

Based on record review and interview, the facility failed to follow physician extender orders to provide resident #3 with medication administration.

The findings are:

Review of resident #3's record indicated that on her health assessment singed by a physician extender on , the resident must receive medication administration. Review of the resident's medication observation records dated from to indicated that that unlicensed facility caregivers provided the resident with assistance with self-administration of medication.

In an interview with the facility owner on at 2:35pm, she stated that resident #3 currently receives assistance with self-administration of all her medications and has not ever received medication administration in the facility. She also stated at this time that she would be the person designated to administer any resident's medications since she is a licensed nurse, but she was not aware that resident #3's health assessment dated on and signed by her physician extender indicated that the resident receive medication administration.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November

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

Dear Administrator:

This letter reports the findings of a **second** State Licensure Revisit Survey conducted on October , 2013 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than December**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

J. Wedge - Phone Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
YOSF

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924