STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967941	11/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Tropical Paradise	**1593 Brickyard Road Chipley, FL 32428**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On , 2013 at Tropical Paradise Assisted Living Facility, an unannounced complaint investigations (CCR#2013009838 and CCR# 2013011834) survey in conjunction with a monitoring visit was conducted. Deficient practice was identified at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interviews, record reviews and observations; the assisted living facility failed to ensure 1 of 6 sampled residents lived in a safe and homelike environment. (Resident #2) The facility failed to dispose unsafe medications in resident #2's . Also, the facility failed to provide the appropriate mattress cover to resident#2's bed matress.

Findings included:

1) On / at approximately 10:51 a.m. an interview was conducted with Resident #2 in her . At this time, observation of her bed in her the sheet was pulled back off the bed exposing the mattress (Photographic evidence included). There was black kitchen garbage bags taped to the mattress with duct tape. When resident#2 was asked if she was ok with this, she stated she does not like it because it makes a lot of noise on the bed. She stated she asked them to take them off and they said it has to stay on there to protect the mattress. She states she wets the bed because she has spasms and that is why they told her the trash bags are taped on the bed. She stated she used to have a plastic cover on her bed at home and it did not bother her as bad. At this time Resident #2 opened the third drawer of the bedside table and observation of plastic bags revealed pill bottles inside (Photographic evidence included). Resident #2 stated she did not know who the medications belonged to and they have been there since her admission on .

2) On / at approximately 11:00 a.m. observation of the pill bottles found in Resident #2's the following medications belonging to Resident #1 (former resident):

   a. 5mg (Angiotensin-Inhibitor for)

   b. 500mg (Muscle Relaxant)

   c. 50mg (Opiate Pain Reliever)

   There were also other prescription slips observed in the drawer dating back to 2013

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that belonged to this same previous resident (Resident #1) in the drawer.

3) A review of resident#2's Health Assessment 1823 form revealed resident #2 has diagnoses of Moderate Mental and a sensory limitation of visual . If resident #2 ingests resident #1's medications it could cause potential reaction/ harm.

4) On - at approximately 11:30 a.m. an interview was conducted with the Owner. He stated he had cleaned resident #2'ss drawer. He stated another resident must have put the medications back in the drawer. The Owner was asked about the black plastic trash bags being duct taped to Resident #2's mattress, he stated "this is put on the mattress to keep the bed dry". He stated he uses the black plastic trash bags instead of the mattress covers.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

Re: Monitoring Plus Complaint #s 2013009838 & 2013011834

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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 , 2014 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Helberg
Field Office Manager

DH/dh
Enclosure
XG90

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