STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968233	02/17/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Home Alf Inc (the)	13219 44th Pl Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on at The Paradise Home ALF. The facility had deficiencies found at the time of the visit.

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on record review and interview, the facility failed to have staff with currently valid and First Aid certification in the facility at all times.

The findings include:

On during review of personnel record for Employee A, it was discovered that the First Aid and certification training had expired on

During Interview with Employee A on at approximately 1:30 PM, she states she is aware her First Aid and has expired and she is scheduled to take training and renew her certifications on

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the facility failed to maintain existing appurtenances in good working order.

The findings include:

During observational tour of the facility on at 9:25 AM, the following items were observed to

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be in disrepair:
a) In Resident 4's , the towel bar on right side of wall near entrance to the broken off from the wall.
b) The handle to the linen closet in Resident 4's , located on the right side of the vanity/sink, was broken off from the door.
c) The wood of two small sections of bottom baseboards, located on each side of the vanity in Resident 4's , appeared to be crumbling.
d) The green mini-blinds, which were hanging over the windows located in the hallway leading back to Resident 4's , appeared to be sagging and covered in dust.

During interview with the Administrator on at 9:30 AM, she acknowledged the items listed above did require repair/maintenance.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Paradise Home Alf Inc (The)
13219 44th Place
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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