STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965416	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
New Paradise Inc	2001 Sw 80 Court Miami, FL 33155	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments

A Limited Nursing Services Monitoring survey was conducted on . New Paradise Inc had deficiencies found at time of the survey.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on interview, observation and record review, the Assisted Living Facility failed to discharge one out of five (#5) sampled residents who had unstageable heel , .

Findings included:

In an interview with caregiver_A on at 10:39 AM revealed that resident #5 received home health care services for care.

Observed care on at 12:20 p.m. the home health care nurse measured resident #5's , and measurements were: right heel , length was 3 cm, width was 3.5 cm, deep was 0.5 cm and was 0.5 cm while left heel length was 2 cm, width was 2 cm, deep was 0.4 cm and 0.5 cm. care found that the right and left heels were . Right heel was a deep that loss full thickness tissue with while left heel loss full thickness tissue with and .

Home Health Agency record review for resident #5 (admitted to the facility on) showed the nurse's assessment dated documented that resident #1 had an unstageable , on the right heel measuring 4.9 cm x 5.5 cm x 0.6 cm with moderate drainage, fetid odor, red area around , and appearance of bed ; on left heel an unstageable measuring 3.8 cm x 3.5 cm x 0.4 cm with moderate drainage, fetid odor, pink area around , and appearance of bed .

Home health record showed on right heel , measured 5 cm x 5.8 cm x 1 cm appearance clean, moderate drainage, red surrounding skin; left heel measured 3.8 cm x 3.8 cm x 0.5 cm appearance clean, moderate drainage, pink surrounding skin. debridement by podiatrist. Now .

Home health record showed on / right heel , measured 4 cm x 4 cm x 0.5 cm appearance granulated, small drainage, pink surrounding skin; left heel measured 3.5 cm x 2 cm x 0.5 cm appearance granulated, small drainage, and pink surrounding skin.

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Home health record showed on right heel, measured 3.5 cm x 4 cm x 0.5 cm appearance granulated, small drainage, pink surrounding skin; left heel measured 2.5 cm x 2 cm x 0.5 cm appearance granulated, small drainage, and pink surrounding skin.

Resident #5 completed three debridement in a hospital on , and .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
New Paradise Inc
2001 Sw 80 Court
Miami, FL 33155

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey that was conducted on , 2014 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 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
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