STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967840	10/27/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Villa Alf, Inc	21164 Sw 92 Pl Cutler Bay, FL 33189	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0095 - 58a-5.020(4) Fac - Food Service - Contracted Food Service S-S= D

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial Survey was conducted on . Paradise Villa ALF, Inc had the following deficiencies at the time of the survey:

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

Based on record review and interview, the facility failed to perform at least 2 elopement drills per year.

Findings as followed:

Record review showed the facility's last elopement drill was performed on .

On at 11:30 a.m. staff B (assistant administrator) acknowledged the facility failed to perform 2 elopement drills per year.

Class III

0095-Food Service - Contracted Food Service 58A-5.020(4) FAC

Based on observation, interview, and record review, the facility failed to have a copy of the current contract between the facility and the food service contractor.

Findings as followed:

Observations on at 11:20 a.m. found lunch was delivered to the facility.

On at 11:20 a.m. caretaker staff B (assistant administrator), stated the facility does not prepare or cook residents food in facility and added the facility has a catering company who bring the residents' food every day. Staff B also stated, the facility had no a contract with the catering company.

Record review documented that facility had no a contract between the facility and the food service contractor.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Paradise Villa Alf, Inc
21164 Sw 92 Pl
Cutler Bay, FL 33189

Dear Administrator:

This letter reports the findings of a Standard Biennial 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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