STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943164	10/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
El Paraiso Home, Inc	1540 Sw 7th Street Miami, FL 33135	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D
St - A - Z827 - 408.812, Fs - Unlicensed Activity S-S= C

Specific Tag Findings:

0000-Initial Comments

A Standard Biennial survey was conducted on , 2014. El Paraiso Home, Inc had the following deficiencies at time of the survey:

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

Based on observation, record review, and interview, the Assisted Living Facility failed to have signed consent forms for the use of half-bed rails prior the use for three out of sixteen (#7, #11, and #14) sampled residents.

Findings included:

Observation on at 10:16 AM showed resident #14 lying on a bed with half-bed rails up. Observations pm at 10:47 AM showed that resident #7 was lying on a bed with half-bed rails up in # and resident #11 was lying on bed with half-bed rails up in #.

Review of resident #7's record showed that the resident consent form for the use of half bed rails was not signed. Review of resident #11 and #14 's record revealed that there were no resident consent forms for the use of half bed rails.

Interview with the administrator on at 10:30 am confirmed the resident did not have a consent for the use of half bed rails.

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on observation, record review, and interview, the Assisted Living Facility failed to maintain a written work schedule that reflects its 24 hour staffing pattern.

Findings included:

Observations on at 10:30 AM found caregivers A and B present at the facility.

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Record review revealed the written work schedule showed caregiver C worked 6:00 AM-2:00 PM and caregiver D worked 9:00 PM- 6:00 AM. Caregivers A and B were not documented on the work schedule.

Interview on at 11:04 AM caregiver A revealed that caregiver C was the cook but she a month ago and caregiver D was out of town.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that one out of four sampled caregivers (caregiver_B) received in-service training within 30 days of employment.

Findings included:

Review of personnel record showed caregiver (hired on) had no documentation of the following training within 30 days of employment:
-Emergency Preparedness and Evacuation Plan
-Reporting major incidents
-Reporting adverse incidents
-Nutritional & Safe Food handling

Interview on at 1:40 PM, caregiver B stated that she is scheduled to complete those training but she did not have them yet.

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that 1 out of 3 (caregiver_B) had a minimum of three hours of continuing education biennially of limited mental health (LMH) training.

Findings included:

Review of caregiver B's personnel record showed an initial limited mental health training of six hours was on . There was no documentation of caregiver B having completed a minimum of three hours of continuing education at the time of the survey.

Interview on at 1:40 PM, caregiver B stated that she did not know that it was time to renew

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her LMH training.

Class III

Z827-Unlicensed Activity 408.812, FS

Based on observation and interview, the Assisted Living Facility exceed the licensed capacity of fourteen residents. The facility had a census of 16 residents.

Findings included:

Observation during a general tour of the facility on at 10:30 AM with caregiver A showed there were thirteen residents present in the facility at the time of the survey (residents #1, #2, #3, #4, #5, #6, #7, #8, #10, #11, #12, #13 and #14).

In an interview with caregiver A on at 10:42 AM stated that residents #9, #15 and #16 were at day program.

Interviews on from 10:40 AM to 3:40 PM with residents #1, 3, 4, 5, 6, 8,9,10,11,12, and 15 stated that they lived in the facility, caregivers provided them meals (breakfast, lunch, dinner, and snacks) and they assisted them with their medicines.

Medication reconciliation on revealed that there were medicines for residents #1 to residents #16 in the medication carts in the dining .

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
El Paraiso Home, Inc
1540 Sw 7th Street
Miami, FL 33135

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure 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
XG90

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