STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922316	**01/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paraiso Home Of Miami Ii	**9808 Sw 147 Place Miami, FL 33196**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - L241 - 58a-5.029(2) Fac - Lmh - Records S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

An Abbreviated Biennial Survey was conducted on . Paraiso Home of Miami II had the following deficiency at the time of the survey:

L241-LMH - Records 58A-5.029(2) FAC

Based on record review and interview, the facility failed to ensure that 2 of 6 (#2 and #5) sampled residents had Annual Community Living Support plans that were updated annually.

Findings included:

Record review revealed Residents #2 and #5 did not have updated Annual Community Living Support plans at the facility. Residents #2's was last completed on and Resident #5's was last completed on .

On at 1:00 PM the Annual Community Living Support plans for Residents #2 and #5 were reviewed with the Administrator.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview the facility failed to ensure that 1 out of 2 (Administrator) sampled staff members had a completed level 2 background screening.

Findings included:

On at AM employee record review revealed that the Administrator did not have a current results on her level 2 background screening. The most recent background screening was dated . The AHCA background screening website was checked and it stated "a new screening is required."

On at 1:15 PM during an interview with the Administrator, she acknowledged the findings and she stated that she was going to take care of it as soon as possible.

Unclassified Deficiency

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Paraiso Home Of Miami Ii
9808 Sw 147 Place
Miami, FL 33196

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial licensure survey that was conducted on , 2015 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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