STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965865	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
E & A Paradise Home Inc	5925 Sw 117 Avenue Miami, FL 33183	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

A Medicaid Program Integrity and Health Quality Assurance monitoring survey was conducted on . E & A Paradise Home, Inc. had deficiencies found at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on observation and interview facility failed to have any social and leisure activities during the entire survey.

Findings included:
1. Observation during the MPI survey on , observed all of the female residents were sitting in the front community area watching the television . There was no posted daily activity calendar in the facility. Residents did nothing the entire time , but sit around in the front of the facility and the only male resident was observed in his entire time reading books in bed. During that time no employee was observed participating in an activity with the residents.

2. Interview with the administrator on at 4:00 pm in regards to why did the facility not have any activities calendar posted for the residents to wew and participate in any physical activities during the time of the survey. Administrator stated , residents cannot be made to do anything they don't want to do and if a resident wanted to watch TV and nothing else , it's their rights to either do an activity or not.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on record review and interview, the facility failed to have two out three sampled employees received continuing education in Assistance with Self-Administratoin of Medication.

Findings included:

1. Record review showed that employees A & C did not have their updated certifications in Assistance with Self-Administration of Medications in their files. Employee A. administrator's last certificate was dated Employee C. caretaker's medication certification certificate expired .

2. Interview with the administrator on at 4:00 pm, he confirmed the findings in regards that both employees did not have their up to date certifications in the area for Assistance with Self-Administration of Medications on the day of the survey.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
E & A Paradise Home Inc
5925 Sw 117 Avenue
Miami, FL 33183

Dear Administrator:

This letter reports the findings of a Medicaid Program Integrity and Health Quality Assurance 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 Kristal Branton, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:kb
Enclosure
XG90

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com