STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967075	07/07/2015
NAME OF PROVIDER OR SUPPLIER **SWEET PARADISE ELDERLY HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4986 E 9 LANE** **HIALEAH, FL 33013**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Standard Biennial Survey was conducted on , 2015. Sweet Paradise Elderly Home Inc with Limited Mental Health and Limited Nursing Services had the following deficiencies at time of survey:

0055 Medication - Storage and Disposal

Based on observation and interview the facility failed to keep centrally stored medications locked up at all times.

Findings included:

A tour conducted on at 10:00 AM found medication unlocked on dresser in # for Resident #6. There was a tube of Cream 2% found. The door of the unattended and the door was found opened.

Interview with the Manager on at 3:30 PM confirmed finding after it was showed to her.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review, and interview the facility failed have the menu reviewed annually by a registered dietitian and have the menu posted in a conspicuously place.

Findings included:

Dining observation made on at 12:00 PM found menu posted in the kitchen. Observations did not find another menu posted where the residents could review it.

Record review of the dietician' s license on file had expired on / . The current license was not available.

On at 3:45 PM the Manager stated she does not have the current dietician's license and that the menu was posted in the kitchen.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sweet Paradise Elderly Home Inc
4986 E 9 Lane
Hialeah, FL 33013

Dear Administrator:

This letter reports the findings of a Standard 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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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