AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968166	A. Building B. Wing	8/20/2015

Name of Facility	Street Address, City, State, Zip Code
PARADISE RETREAT ASSISTED LIVING FACILITY LLC	5626 SOUTEL DR JACKSONVILLE, FL 32219

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0007 Reg. # 429.26(11) FS; 58A-5.0181(LSC		ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC		ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Sana Meyers	Date: 9/4/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968166	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE RETREAT ASSISTED LIVING FACILITY LLC	**5626 SOUTEL DR JACKSONVILLE, FL 32219**

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

0000 Initial Comments

An unannounced follow-up to the complaint survey was conducted on . Paradise Retreat Assisted Living Facility had deficiencies found at the time of the visit.

0054 Medication - Records

Based on record review and an interview with the administrator, the facility failed to ensure the Medication Observation Record recorded the full prescription order for for 2 of 2 residents. (Resident #1, #2)

The findings include:

1) On , a review of prescription for Resident #1 revealed a prescription dated for 40 units in the am and pm, do not hold. If sugar is less than 70, call and notify provider. (Photographic Evidence)

On record review of the Medication Observation Record (MOR) for Resident #1 dated 2015 recorded 40 units in the morning and 40 units in the evening. The MOR did not record to call the provider if the sugar was less than 70(Photographic Evidence)

2) Record review of Resident #2 prescription dated for Flex Touch pen, 20 units in the am and 20 units in the pm, call for glucose less than 90.

On record review of the 2015 Medication Observation Record (MOR) for Resident #2 revealed , 20 units in the am, 20 units in the pm. It did not record to call for glucose less than 90.

On at 12:30 pm an interview with the Administrator confirmed the MOR's for Resident #1 and Resident #2 did not match the physician order. She said the pharmacy is at fault, they print the MOR's and the labels.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968166	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE RETREAT ASSISTED LIVING FACILITY LLC	**5626 SOUTEL DR JACKSONVILLE, FL 32219**

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

0056 Medication - Labeling and Orders

Based on record review and an interview with the Administrator, the facility failed to ensure medication prescription labels matched the physician orders for parameters of for 2 of 2 residents. (Resident #1, #2)

The findings include:

1) On at 10:20 am an observation of Resident #1 pharmacy label revealed the label recorded ( ), inject 40 units under the skin in the morning and 40 units in the evening. (Photographic evidence)

On a review of the prescriptions for Resident #1 revealed prescriptions dated / for 40 units in the am and pm, do not hold. If sugar is less than 70 call and notify provider. The MOR and pharmacy label did not instruct to call provider if the glucose was less than 70. (Photographic evidence)

2) On at 11:40 am an observation of Resident #2 pharmacy label revealed the label recorded , inject 20 units in the morning and 20 units in the evening.

Record review of Resident #2 revealed a prescription dated for Flex Touch pen, 20 units in the am and 20 units in the pm, call for glucose less than 90. The MOR and prescription label for Resident #2 did not instruct to call for glucose level less than 90.

On at 12:30 pm an interview with the Administrator confirmed the prescription labels for Resident #1 and Resident #2 did not match the physician order. She said the pharmacy is at fault, they print the MOR's and the labels.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Paradise Retreat Assisted Living Facility, LLC
5626 Soutel Drive
Jacksonville, FL 32219

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

BBT7

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