STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968169	09/03/2015
NAME OF PROVIDER OR SUPPLIER **SENIOR PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3650 SW VICEROY STREET** **PORT SAINT LUCIE, FL 34953**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on at Senior Paradise LLC. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on interview and record review, it was determined the facility failed to provide medications to 5 of 5 sampled residents of this facility in a timely manner (Residents #1, #2, #3, #4, and #5).

The findings include:

During entrance conference conducted with the Administrator, on beginning at 8:10 AM, she was informed of the purpose of this visit (Relicensure Inspection). She was informed that this surveyor needed to observe medications this morning. She stated that she came in earlier this morning 7:00 AM-7:30 AM to provide assistance with medications to the residents of this facility. The MORs (Medication Observation Records) were reviewed at this time and all medications are scheduled for the 5 residents of this facility for 9:00 AM only. The Administrator stated that she is the only staff member that is trained to provide assistance with the self-administration of medications and that she has a medical appointment at 9:00 AM today so she came in early to provide assistance with medications. She was asked for a policy and procedure that indicated time frames of medications and she stated she does not have one. She was informed that the standard is one hour before the scheduled time or one hour after the scheduled time is acceptable. She stated she was aware of that time frame standard. She acknowledged that the medications for today were provided outside of those time parameters.

Class III

0079 Staffing Standards - Levels

Based on interview and record review, it was determined the facility failed to maintain a written work scheduled that reflects its 24-hour staffing pattern for a given time period.

The findings include:

Observations conducted on revealed the facility has a census of 5 residents. During interview with the Administrator, conducted on beginning at approximately 8:30 AM, she was asked for a copy of her written staffing work schedule that reflects the hours of scheduled staff. She stated she does not maintain a written staffing work schedule of any kind. She stated she was never taught that.

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She stated she was not aware of this regulation/requirement and that this is the first she is hearing of this.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review, it was determined the facility failed to maintain a substitution record and failed to follow the menu that is approved by their contracted Registered Dietitian in order to meet the dietary and caloric needs of 5 of 5 residents of this facility (Resident #1, #2, #3, #4, and #5).

The findings include:

1) During dining observation conducted with the Administrator, on beginning at approximately 10:55 AM, as she was beginning to plate the residents meals she mentioned that meatballs were substituted for meat sauce and mixed vegetables were substituted for string beans. The menu reflected 4 oz of meatsauce; 1 cup of pasta; 1/2 cup of string beans; 1 cup of mixed salad; 1 tablespoon of dressing; 1/2 cup pudding. The Administrator was asked for the substitution record. She stated she did not have one. She was asked if she or her staff makes menu substitutions. She acknowledged that substitutions are made from time to time, but that a record is not maintained of those substitutions. She stated she was not aware of this requirement. She then wrote on the menu the substitutions that she had made for this meal (noted above).
2) During subsequent interview with the Administrator, conducted on beginning at approximately 11:15 AM (after the residents had been served and were eating their meal), she was asked where the 1 cup of mixed salad and 1 tablespoon of dressing was located. She stated the mixed vegetables were substituted for that. She was reminded that she wrote on the menu that the 1/2 cup of mixed vegetables were substituted for the 1/2 cup of string beans. She acknowledged this and stated she must have overlooked the 1 cup of mixed salad and 1 tablespoon of dressing. She acknowledged that the menu for this meal was not followed as it related to the salad and dressing being provided to the residents of this facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Senior Paradise Llc
3650 Sw Viceroy Street
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 3, 2015 by a representative 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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