STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965416	10/01/2015
NAME OF PROVIDER OR SUPPLIER **NEW PARADISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 SW 80 COURT** **MIAMI, FL 33155**	

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

0000 Initial Comments

An Abbreviated Biennial Survey was conducted on / . New Paradise Inc with Limited Mental Health and Limited Nursing Services components had the following deficiencies at the time of survey:

0032 Resident Care - Elopement Standards

Based on record review and interview the facility failed to perform at least 2 elopement drills per year.

Findings as follow:

Record review showed the facility's last elopement drill was performed on

On / at 11:20 a.m. the Administrator confirmed the facility last elopement drill was performed on and acknowledge the facility failed to perform at least two elopement drills per year.

Class III

0080 Training - Core & Competency Test

Based on record review and interview the facility failed to have a Manager who successfully passed the core competency test.

Findings as follow:

Record review showed the facility's Administrator supervised two facilities. Record review found the Manager (Staff #2) completed the core training on . Record review showed the facility did not have documentation that the Manager passed the core competency test.

On / at 10:30 a.m. the Manager stated he had not taken the core test yet.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to ensure that closet doors were maintained.

Findings as follow:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965416	10/01/2015
NAME OF PROVIDER OR SUPPLIER **NEW PARADISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 SW 80 COURT** **MIAMI, FL 33155**	

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

On . . . I/ . at 7:55 a.m. observed the closets in . . . . . # . and . . . . # . did not have doors.

On . . . I/ . . at 7:55 a.m. the Administrator acknowledged the closet doors in . #3 and 5 were missing and stated she would install the closet doors soon.

Class

L243 LMH - Training

Based on record review and interview the facility failed to have 2 out of 5 (Staff B and C) facility staff trained in working with Limited Mental Health residents.

Findings as follow:

Record review showed the facility held a standard license with Limited Mental Health (LMH) component.

Record review showed the last training for Staff B was dated . Record review found the facility did not have any documentation that Staff B received 3 hours LMH training within the last two years. The facility also failed to have documentation of Staff C trained in working with Limited Mental Health residents within 6 months of employment. Staff C was hired on .

On I/ at 11:00 a.m. the Administrator stated Staff C passed the Limited Mental Health training but proof of it was misplaced.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
New Paradise Inc
2001 Sw 80 Court
Miami, FL 33155

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. **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 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

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