STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966313	02/15/2016
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA RETIREMENT HOME AT PEMBROKE PINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 NW 92ND AVENUE** **PEMBROKE PINES, FL 33024**	

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

0000 Initial Comments

An unannounced complaint investigation (CCR 2015011948) was conducted at Paradise Villa Assisted Living Facility in Pembroke Pines, Florida on 2/15/16. The facility had deficiencies at the time of the investigation.

0078 Staffing Standards - Staff

Based on record review and interviews, the facility failed to ensure that 1 out of 5 sampled staff (staff B) had annual documentation indicating they were free of ( ).
Findings include:
A record review on / of Staff B ' s employee file revealed a hire date of / . Further record review of Staff B ' s employee file, revealed the employee had not completed the required annual exam in 2015. Staff B's last documented was in 2014.
During an interview on at 4:30 PM with the owner, she stated she was unable to provide the required documentation of Staff B having completed the required annual exam for 2015.

Class III

0081 Training - Staff In-Service

Based on record review and interviews, it was determined the facility failed to ensure 1 of 5 staff (Staff E) had completed the required in-service training within 30 days of employment.

Findings include:
A record review on / / of Staff E ' s employee file revealed a date of hire as / / . Further record review revealed Staff E had failed to complete the required training for recognizing and reporting resident , neglect and ; record contained no documentation of the training.
During an interview on / at 4:30 PM with the owner, the owner stated she did not have documentation to show staff E had completed the required training regarding recognizing and reporting resident , neglect and .

Class III

0160 Records - Facility

Based on record review and interviews, the facility failed to maintain an up-to-date admission and discharge log.

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

Findings include:
A record review on 2/15/16 of the facilities admission and discharge log documented the facility had 20 residents. In an interview on 2/15/16 at 4:30 PM with the owner, the owner stated the admission and discharge log is not accurate. The owner stated many of the residents no longer live at the facility but have not been changed and listed as discharged.

Class

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interviews, it was determined the facility failed to ensure 1 of 5 staff (Staff B) had completed the required level 2 background screening prior to working with residents.
Findings include:
A record review on / / of Staff B ' s employee file revealed a date of hire as / . Further record review of Staff B ' s employee file revealed it did not contain documentation of Staff B having completed the required level 2 background screening.
Review of the facility's 2015 facility work schedule revealed Staff B had worked two 24 hour shifts and was scheduled to work 4 additional shifts during the remainder of the month.
In a record review on of the Florida Agency for Health Care Administration (AHCA) background screening web site, the AHCA web site could not provide documentation indicating Staff B had completed a level 2 background screening.
In an interview on at 4:30 PM with the owner, the owner stated she could not provide documentation Staff B had completed and was in compliance with the required level 2 background screening.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Paradise Villa Retirement Home At Pembroke Pine
1145 NW 92nd Avenue
Pembroke Pines, FL 33024

RE: CCR #2015011948

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2016 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 , 2016. 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
Enclosure
XG90

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