STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968233	02/25/2016
NAME OF PROVIDER OR SUPPLIER PARADISE HOME ALF INC (A)	STREET ADDRESS, CITY, STATE, ZIP CODE 13219 44TH PL ROYAL PALM BEACH, FL 33411	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 25, 2016 at Paradise Home ALF Inc. The facility had deficiencies at the time of the visit.

0054 Medication - Records

Based on record review and interviews, the facility failed to ensure the medication observation record (MOR) was accurate and up-to-date, for 1 out of 5 sampled residents (Resident #3).

The findings include:

On the 2016 MOR for Resident #3 was reviewed and showed the following omission: a) , to be given every other day- / and / 8:00 PM doses blank on MOR.

During an interview with Staff A and the Administrator at 3:00 PM on / , Staff A stated the resident lets them know when he needs the for and that he did not receive it on these dates. Therefore, the documentation that the resident received the medication every other day was not accurate for 2016. They acknowledged that the documentation was not present (initials in the box) to indicate whether or not the resident received the medication on the aforementioned dates.
Class III

0162 Records - Resident

Based on record review and an interview, the facility failed to ensure a resident who received assistance with activities of daily living (ADL's) had their weight recorded semi-annually, for 1 out of 2 sampled residents (Resident #2).

The findings include:

Resident #2 was admitted to the facility on with a history of listed in his record. The resident's recorded weights showed the last weight of 205 pounds in 2015 and the weight before that of 207 pounds in 2015. During interview with the administrator at 3:00 PM on , she acknowledged the lapse of more than 6 months between the recorded weights. No additional documentation was presented at this time.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
A Paradise Home ALF Inc
13219 44th Place
Royal Palm Beach, FL 33411

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure 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 17, 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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