STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966965	02/22/2016
NAME OF PROVIDER OR SUPPLIER **PAULA'S MANSION ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **13206 SW 218 TERRACE** **MIAMI, FL 33170**	

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

0000 Initial Comments

A Complaint (CCR#2016000639) Survey was conducted on . Paula's Mansion ALF with a standard license had the following deficiencies at the time of the survey:

0160 Records - Facility

Based on observations, record review, and interview the facility failed to have an annual health inspection.

Findings included:

On at 6:40 AM during the tour observed the health inspection was posted was dated .

Record review found the facility failed to have an annual health inspection.

On at 3:00 PM, phone interview with the Administrator. She stated she was aware that the inspection had expired but they had not come to the facility to renew it. Because usually every year they come a month prior and renew it.

Class III

Z827 Unlicensed Activity

Based on observation, record review, and interview the facility exceeded its operating license by providing assisted living services to a total of eight residents while being licensed for six beds.

Findings included:

On at 8:30 AM requested access to the "Employees" #
The administrator stated on at 8:30 AM that it was her personal she did not want to show it. The facility floor plan was reviewed and it showed # was part of the facility. The administrator granted access to # and said "I have to tell you the truth; I have two residents living in that ."
Observations in # on at 8:30 AM, found two residents sleeping in separate beds (Resident #7 and #8). Resident #7 needed assistance with medications, those medications were hidden by the Administrator in another closet.
During an interview on at 8:32 AM Resident #7 stated, "I have been living in this facility since

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. 2015."
During an interview on __/ . at 8:40 AM Resident #8 stated, "I have been living in the facility for a few weeks only, and so far the service is very good."
During an interview on //16 at 9:10 AM, Staff B Stated, I will tell you the truth, there are eight residents living in this facility.
On during the exit conference the Administrator she stated that she has those two residents in the facility because with only six residents it is not enough to pay for the house or pay salaries.
Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Paula's Mansion Alf
13206 Sw 218 Terrace
Miami, FL 33170
RE: CCR #2015000639

Dear Administrator:

This letter reports the findings of a complaint licensure survey that was conducted on 22, 2016 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 , 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 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