STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967426	04/25/2016
NAME OF PROVIDER OR SUPPLIER **PARADISE HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8950 SW 215TH TERRACE** **CUTLER BAY, FL 33189**	

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

0000 Initial Comments

A Standard Biennial Survey was conducted on . Paradise Home ALF Corp. with a Standard license had the following deficiencies found at the time of the survey:

0052 Medication - Assistance with Self-Admin

Based on observation and interview the facility failed to remove the medications from the bingo cards in the presence of the resident when assisting with self administration of medications.

Findings included:

On at 12:09 PM during the medication pass observation Staff C was assisting with self medications. The medication bingo cards for Resident #1 and #4 did not have the medications (pills). The medication had been already taken out and put on a small cup to be given to the residents.

On at 12:09 PM Staff C stated she did that by mistake and because she was nervous, she had taken the pills out of the bingo cards.

Class III

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule which reflects its staffing pattern for a given time period.

Findings included:

On at 9:07 AM during the tour was found Staff C and E were working at the facility.

On at 9:07 AM the staff schedule revealed Staff C was scheduled to work from 7:00 AM to 7:00 PM and Staff A-on call. Staff E was scheduled to work from 7:00 PM to 7:00 AM. The schedule did not document who was going to cover Staff E's scheduled shift of 7:00 PM to 7:00 AM.

On at 9:30 AM the Owner stated that she thought that it was not important to update the staff schedule as long as there are two people working in the facility.

Class III

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

0162 Records - Resident

Based on record review and interview the facility failed to maintain weight records for two out of six residents (#5 and #6)

Findings included:

On [redacted] at 10:45 AM record review showed Resident #5 and #6 weight record stated "see hospice file."

On [redacted] at 11:00 AM review of the hospice file found no weights for the two residents (#5 and #6).

On [redacted] at 1:00 PM the Owner stated that she thought that the weight could be found on the hospice file, but she realized that it was not there, the facility was going to try and keep the weight for these residents from now on.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Paradise Home Alf Corp
8950 Sw 215th Terrace
Cutler Bay, FL 33189

Dear Administrator:

This letter reports the findings of a Standard Biennial licensure survey that was conducted on , 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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida