STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965890	04/20/2016
NAME OF PROVIDER OR SUPPLIER **TROPICAL HEAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14201 SW 48 LANE** **MIAMI, FL 33175**	

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

0000 Initial Comments

A Limited Mental Health Licensure Expansion survey was conducted on . Tropical Heaven, Inc. had the following deficiencies at the time of the survey:

0079 Staffing Standards - Levels

Based on observation, record review, and interview the facility failed to maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period.

Findings as follow:

On at 2:15 p.m. Staff B was observed alone in facility with six residents and one day care participant.

Review of the Staffing Schedule for showed Staff B was scheduled to work from 9 am to 5 pm and Staff C and D were scheduled to work from 7 am to 7 pm.

On at 2:15 p.m. Staff B stated the Administrator was not in facility because she went to a dentist appointment.

On at 2:55 p.m. the Administrator arrived to facility and stated was at the dentist adding, Staff C and D were not working for other reasons.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview the facility failed to have 2 of 4 (Staff B and D) facility Staff, trained in assisting residents with self administration of medications.

Findings as follows:

Record review showed the facility failed to have the medication training (4 hours) for Staff B and Staff D available for review.

On at 3:00 p.m. the facility's Administrator stated Staff B and D assist with medications and acknowledged neither Staff B nor Staff D received 4 hours medication training.

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Class III

Z814 Backaround Screenina Clearinahouse

Based on observation, record review, and interview the facility failed to register 4 of 4 (Staff A, B, C, D) sampled staff with the clearinghouse and maintain the employment status of all employees within the clearinghouse.

Findings as follow:

On at 2:15 p.m. Staff B was observed alone in facility with six residents and one day care participant.

The background screening website review revealed the facility failed to have Staff A, B, C, and D registered in the mentioned website.

On at 3:00 p.m. the facility's Administrator acknowledged the facility had no staff registered in the background screening's clearinghouse website because she had no computer skills.

Unclassified

Z815 Backaround Screenina: Prohibited Offenses

Based on record review and interview the facility failed to have 1 of 4 (Staff D) sampled staff rescreened by , 2015.

Findings as follows:

Record review showed the background screening for Staff D was dated .

Review of the background screening website showed Staff D needed a new background screening.

On at 3 PM, the facility's Administrator acknowledged the facility failed to have a background screening performed every 5 years, for Staff D ,adding Staff D needed a new Background screening.

Unclassified

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tropical Heaven, Inc
14201 Sw 48 Lane
Miami, FL 33175

Dear Administrator:

This letter reports the findings of a Limited Mental Health licensure expansion 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

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