STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953246	05/18/2016
NAME OF PROVIDER OR SUPPLIER **MARIBEL PARADISE HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **651 EAST 49 STREET** **HIALEAH, FL 33013**	

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

0000 Initial Comments

A Standard Biennial survey was conducted on , 2016. Maribel Paradise Home Inc (license #8477) had the following deficiencies at time of the survey:

0079 Staffing Standards - Levels

Based on observations and record review the facility failed to have a completed staff pattern.

Findings included:

Observations on at 9:15 AM found Staff A and B at the facility caring for a census of 5 residents.

Record review found the staffing pattern for the facility was not complete, it did not have any employees listed for the 7 PM to 7 AM shift Monday through Sunday (7 days).

Class III

0083 Training - First Aid and

Based on record review and interview the facility failed to ensure one out of two (B) sampled staff who have completed in First Aid and .

Findings included:

Record review on at 11:41 AM of personnel files for Staff B found no documentation of updated and First Aid training. The last training expired on .

Interview on at 11:59 AM the Administrator acknowledge that Staff B did not have the training after review of personnel file and stated she will schedule her to take it.

Class III

Z815 Background Screening: Prohibited Offenses

Based on observation, record review, and interview the facility failed to have a level II background screening for one out of two (B) sampled staff.

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

Findings included:

Observation on / at 9:15 AM found Staff B was in the kitchen cleaning and cooking.

Record review found Staff D's background screening on file stated "Screening In Process." Staff D is listed on the facility's schedule, to work 7 AM to 7 PM.

The background screening database revealed Staff D's screening stated, "Screening In Process."

Interview on at 11:57 AM the Administrator acknowledged that Staff C needed to update her background screening. She stated, "she has problems with her fingerprints."

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Maribel Paradise Home Inc
651 East 49 Street
Hialeah, FL 33013

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