AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922199	R 06/02/2016
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **14730 SW 150 STREET** **MIAMI, FL 33196**	

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

0000 Initial Comments

An Abbreviated Biennial Revisit Survey was conducted on 06/02/2016. Paradise Adult Care (license 8003) had the following deficiencies found at the time of the survey:

0160 Records - Facility

Based on observation, record review, and interview the facility failed to have an updated Admission/Discharge log.
Findings included:
Observation on / / at 10:45 AM during facility tour with facility's Administrator found Residents #4 and #5 were in the common area.
Record review on / / showed the Admission/Discharge log was not updated. The log did not have Residents # 4 and #5 listed.
During an interview on at 10:45 AM the facility's Administrator stated Resident #4 is here at the facility since last weekend, Saturday 28, 2016 but I do not have records. She stated the Power of attorney (daughter) will come here this week to sign the contract. She stated she did not have a record for Resident #5. She stated he was discharged from a rehabilitation center and he arrived at the facility / /. She stated he does not have family and social worker came here to the facility and told her that they will request a legal guardian from the government. She stated this resident do not have no documentation with him.
Class III

0162 Records - Resident

Based on observation, record review, and interview the facility failed to have resident files maintained on premises for two out of four (#4 and # 5) sampled residents.
Findings included:
Observation on / / at 10:45 AM during facility tour with facility's Administrator found Residents #4 and #5 in the common area.
Record review / / showed the facility did not have Residents #4 and #5's records which would include the demographic data, copy of the health assessment, weights at admission, written consent forms for medications, contracts, and admission packages for each resident.
During an interview on at 10:45 AM the facility's Administrator stated Resident #4 is here at the facility since last weekend, Saturday 28, 2016 but I do not have records. She stated the Power of attorney (daughter) will come here this week to sign the contract. She stated she did not have a record for Resident #5. She stated he was discharged from a rehabilitation center and he arrived at the facility . She stated he does not have family and social worker came here to the facility and told her that

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they will request a legal guardian from the government. She stated this resident do not have no documentation with him.
Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11922199 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE ADULT CARE	14730 SW 150 STREET MIAMI, FL 33196

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0032 Reg. # 58A-5.0182(8) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 4/12/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: 9OWL12

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Paradise Adult Care
14730 Sw 150 Street
Miami, FL 33196

Dear Administrator:

This letter reports the findings of an Abbreviated Biennial revisit survey conducted on , 2016by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

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. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure

BBT7

Miami Field Office
8333 N.W. 53rd Street, Suite 300
Miami, FL 33166
Phone:(305) 593-3100; Fax:(305) 593-3121
AHCA.MyFlorida.com