STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965890	08/02/2016
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

An Abbreviated Biennial Survey was conducted on . Tropical Heaven Inc., license number 10216 had the following deficiencies found at the time of survey:

0025 Resident Care - Supervision

Based on record review and interview the facility failed to provide written records that the resident's physician and family members were notified after an illnesses which resulted in medical attention (hospitalization) for one out nine (Resident #9) sampled residents.

Findings include:

Review of Resident #9's record showed she was admitted to the facility on .

Interview conducted on at 2:20 PM, the Administrator stated "Resident was unresponsive. I called rescue. She was transferred to the hospital on / at 5:00 AM."

There is no documentation that resident's physician and family members were notified.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on record review and interview the facility failed to honor resident's rights for two out seven (Resident #1 and #2) sampled residents.
Findings include:
Resident record review showed that Resident #1 and Resident #2 received Optional Supplement Services ( ) payment in the amount of $54.00 monthly.
The account log review showed that Resident #1 and #2 signed that they received $54.00 payments every month.
Interview conducted on / at 12:35 PM with Resident #1 confirmed that the signatures of the account log belonged to him and his wife. He stated "We never received any money."
Interview conducted on at 1:30 PM, the Administrator stated "I was hired recently as a facility's Administrator. I do not know anything about Resident #1 and #2's payment."
Interview conducted on at 1:30 PM, Staff D, previous Administrator stated "Resident's #1 and #2 daughter brings a check for their payment every month. She does not have communication with their parents. She authorized us to manage their payment. We bought milk and pampers with that

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money for them. The residents signed the account log monthly."
Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview the facility failed to ensure that the television was working properly.
Findings include:
Observation conducted on at 9:45 AM showed that the residents were sitting in the common watching television. The television had a cable in front of the vision panel.
Interview conducted with Staff A, the Administrator on / at 2:30 PM stated "I am going to change the television located in the common ."

Class III

0160 Records - Facility

Based on record review and staff interview the facility failed to maintain an up to date admission and discharge log.

Findings include:

Record review revealed that the facility's admission and discharge log did not have Resident #5 (admitted on /), Resident #6 (admitted on), and Resident #9 (admitted on).
Interview conducted on at 2:30 PM, the facility's Administrator confirmed that Resident #5, #6 and #9 were not in the admission and discharged log.

Class III

Z828 Administrative Fines: Violations

Based on observations and interview the facility exceeded its licensed capacity
by providing assisted living services to a total of seven residents while being licensed for six beds.

Findings included:

Facility tour on at 10:10 AM found that the facility had a census of seven residents.

Record review revealed that the facility's admission and discharge log did not have Resident #5 admitted on , Resident #6 admitted on and Resident #9 admitted on .

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Interview conducted on at 2:30 PM, the facility administrator confirmed that the facility had a census of seven residents. She stated "Resident #9 was transferred to the hospital yesterday."

Unclassified

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 an Abbreviated 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

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