STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967941	08/24/2016
NAME OF PROVIDER OR SUPPLIER **TROPICAL PARADISE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1593 BRICKYARD ROAD** **CHIPLEY, FL 32428**	

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

0000 Initial Comments

An unannounced Biennial Licensure survey with Limited Mental Health was conducted at Tropical Paradise Assisted Living Facility (license # 11939) located in Chipley, FL on . Deficient practice was identified at the time of the survey.

0053 Medication - Administration

Based on observation, record review and staff interview the facility failed to provide the appropriate dose of a physician ordered medication for 1 of 3 sampled residents observed for medication pass (#3).

Observation of medication pass for resident #3 was conducted on at approximately 11:45 AM. The Licensed Practical Nurse (employee A) was observed to provide a 2.5mg tablet by mouth to resident #3. Review of the current Medication Observation Record revealed the tablet dose had been increased to 5 mg by mouth on . Employee A confirmed she did not give the correct dose of the medication.

Class III

0078 Staffing Standards - Staff

Based on record review and staff interview the facility failed to ensure all direct care staff have evidence of a negative ( ) test documented on a annual basis for 1 of 3 sampled staff. (employee A)

The findings include:

Review of employee A's record revealed a negative test documented on . The record also revealed she had a test administered on with no result documented. An interview was conducted with employee A on at approximately 2:24 PM. Employee A confirmed the test result was over a year old and the provider would not read the current test until .

Class III

L243 LMH - Training

Based on record review and staff interview the facility failed to ensure direct care staff obtain a minimum of 3 hours continuing education every 2 years ,after the initial limited mental health training, in subjects

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dealing with mental health diagnosis and/or treatment for 1 of 3 sampled staff. (employee A)

The findings include:

Review of employee A's record revealed she completed 6 hours of limited mental health training on . No further mental health training was documented in the record. On at approximately 2:30 PM, the Administrator reviewed employee A's record and confirmed she was not able to produce any further mental health training since 2012.

Class III

Z814 Background Screening Clearinghouse

Based on record review and staff interview the facility failed to update the employee roster in the Background Screening Clearinghouse within 10 business days for 1 of 3 sampled employees. (employee B)

The findings include:

Review of employee B's record revealed a hire date of and a level 2 background screen clearinghouse eligible dated . Review of the Background Screen roster for the facility revealed employee B was not added to the roster as of . The Administrator observed her roster on the background screen website and confirmed she had not added employee B. On at approximately 3:20 PM the Administrator stated she was not aware employees had to be added to the roster within 10 business days.

Z816 Background Screening-Compliance Attestation

Based on record review and staff interview the facility failed to ensure employee files contain a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F.S. for 2 of 3 sampled employees. (employees B and C)
The findings include:
Review of employee B's record revealed a hire date of . The record did not contain a signed and dated Affidavit of Compliance with Background Screening Requirements or similiar form. Review of employee C's record revealed a hire date of . The record did not contain a signed and dated Affidavit of Compliance with Background Screening Requirements or similiar form. On at approximate 3:00 PM the Administrator confirmed the facility was not able to produce an Affidavit of

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SUMMARY STATEMENT OF DEFICIENCIES
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Compliance with Background Screening for employees B and C.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Kv. D. Coms RNC

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc
Enclosure

XG90

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