STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943164	**01/31/2017**
NAME OF PROVIDER OR SUPPLIER **EL PARAISO HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1540 SW 7TH STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. El Paraiso Home, Inc. (License # 8006) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview the facility failed to have an initial health assessment completed by a health care provider within 30 days of admission for 1 out of 8 sampled residents (Resident # 2).

Findings included:

Review of the admission/discharge log revealed that Resident # 2 had been admitted to the facility on . Also revealed that the resident had been previously admitted to the facility from to .

On at 11:20 am Staff B stated that the administrator thought that Resident # 2 was not coming back because she was in bad shape and discharged her. The resident got better and came back to the facility.

Review of Resident # 2's record revealed that the health assessment on the resident record was dated and stated that the resident requires assistance with all her activities of daily living and that she eats puree diet with thickener to all liquids.

On at 11:30 am Staff B stated that Resident # 2 had become totally dependent and when she was discharged from the facility they thought that she would die but she got much better.

On at lunch time Resident # 2 was observed eating on her own and she was able to eat rice, Spanish omelet, sweet potato and peach and she asked for another portion of peach.

On at 1:30 pm Staff D stated that Resident # 2 was able to feed herself and to help with transfer and that she was able to eat regular food. She also stated that the doctor will make a new health assessment for the resident.

Class III

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

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have a new health assessment completed by a health care provider after a significant cahnge for 1 out of 8 sampled residents (Resident # 1).

Findings included:

Review of the record of Resident # 1 revealed that the health assessment was completed on and stated that the resident required assistance with self administration of medications and required total care with her activities of daily living.

On at 1:25 pm Staff D stated that at the time of the survey Resident # 1 required medication administration and that the medication were being given by Staff A who is a registered nurse or by Staff D who is a Licensed Practical Nurse; she also stated that the doctor will make a new health assessment.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to renew the emergency management on an annual basis.

Findings included:

Review of the emergency plan posted on the bulletin board revealed that it had been approved on .

On at 9:12 am Staff D stated that they sent the emergency plan for approval on and it takes 30 to 60 days for the inspector to send it back to the facility.

Class III