STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966626	**05/10/2017**
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA RETIREMENT AT SHERIDAN #V**	STREET ADDRESS, CITY, STATE, ZIP CODE **11330 SHERIDAN STREET** **PEMBROKE PINES, FL 33028**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Paradise Villa Retirement Home V (License#11017). There were deficiencies at the time of the survey.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review an interview, the facility failed to ensure that each staff member have a yearly written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . which includes . . . . . ( ), for 1 of 4 sampled staff records (Staff D).

The Findings included:

During personnel record review and interview conducted on at approximately 2:00PM, it was revealed Staff D's communicable . . . . . / statement expired on . . . . . (examination dated).

During an interview with the Manager at this time, she was provided an opportunity to locate documentation from a health care provider for Staff D that indicated the individual does not have signs or symptoms of communicable or .
The Manager was unable to provide any documentation for review, she acknowledged the findings.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 of 4 sampled unlicensed staff member (Staff C) who provides assistance with self- administration of medications had successfully completed a minimum of 2 hours in continuing education training annually on providing assistance with self-administration and safe medication practices in an ALF.

The Findings Included:

On at approximately 1:30PM, the personnel file for Staff C was reviewed for documentation of training in providing assistance with self-administration of medication and safe medication practice in an ALF. There was 2 hours of documentation for continuing education for providing assistance with self-administration of medication dated . . . . . .

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SUMMARY STATEMENT OF DEFICIENCIES
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The Manager was interviewed at this time and confirmed that Staff C provides assistance with self-administration of medication for residents and that current documentation of the required training was expired and no updated documentation was available for review. The Manager provided no additional information for review.

The Manager acknowledged the findings.

Class III