STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**05/15/2017**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Change of Ownership Survey was conducted on and concluded on . Residential Paradise, Inc. (license #10320), with Limited Mental Health component had deficiencies identified at time of the survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to ensure that one out of six (Resident #4) received care and services to meet their needs by qualified staff.

Findings included:

Interview conducted with Resident #4 on at 10:55 AM, the resident stated, "The staff does my acute check because I am unable to do it by myself."

Medication observation records review revealed the facility documented Resident #4's acute checks which were completed two times day.

Record review found Resident #4 was admitted to the facility on . Resident #4's Health Assessment dated documented the resident was diagnosed with and . The resident needed assistance with bathing, dressing, toileting and transfer, and supervision with ambulation, eating and .

Interview conducted on at 11:05 AM the Administrator stated, "Resident #4 is a new resident and her physician ordered that she check her sugar level two times daily. I thought that she did not need assistance with her acute check. I am in contact with her primary physician because she needs her sugar levels to determine if she is receiving the correct medication for her ."

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation and interview, the facility failed to honor resident rights to live in a safe and decent living environment, to be treated with consideration and respect, and the need for privacy for one out of six residents.

Finding included:

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During the tour on at 10:40 AM, observed the Residents #6 used in # did not have function blinds.

During an interview with Staff B on at 10:45 AM, the staff member acknowledged that the blinds were missing.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on record review and interview, the facility failed to ensure that only licensed personnel perform acute checks for one out of six residents (Resident #4).

Findings included

Interview conducted with Resident #4 on at 10:55 AM, the resident stated, "The staff does my acute check because I am unable to do it by myself."

Medication observation records review revealed the facility documented Resident #4's acute checks which were completed two times day.

Record review found Resident #4 was admitted to the facility on . Resident #4's Health Assessment dated documented the resident was diagnosed with and . The resident needed assistance with bathing, dressing, toileting and transfer, and supervision with ambulation, eating and .

Interview conducted on at 11:05 AM the Administrator stated, "Resident #4 is a new resident and her physician ordered that she check her sugar level two times daily. I thought that she did not need assistance with her acute check. I am in contact with her primary physician because she needs her sugar levels to determine if she is receiving the correct medication for her ."

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview, the facility failed to limit physical to half bed rails for one out of six sampled residents under hospice care.

Findings included:

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Observations on . . . . . at 9:20 AM during the tour revealed Resident #4's bed had full side rails attached.

Record review revealed the doctor ordered half bed rails for Resident #2 on .

During interview conducted at 12:31 PM on the previous owner, she reported that she has new prescription from the doctor. However, the doctor prescription only stated "Bed rails."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and interview, the facility failed to ensure that the staff who provided care for residents with mental health mental received a minimum of 6 hours of specialized training within 6 months of being hired for three out of four (Staff B, C, D) sampled staff.

Findings included:

A review of Staff B, C and D's personnel showed that they were hired on . . . . . and that there was no limited mental health training.

Interview conducted on at 1:30 PM, the Administrator stated Staff B, C, and D did not receive limited mental health training as require.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain the employment status of all employees within the clearinghouse.

Findings included:

Review of the Clearinghouse revealed that the facility's employee roster was not up to date. Staff C was not listed, staff member was hired on .

Interview conducted on at 1:30 PM, administrator confirmed the findings.

Unclassified