STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965416	R 06/22/2017
NAME OF PROVIDER OR SUPPLIER **NEW PARADISE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 SW 80 COURT** **MIAMI, FL 33155**	

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

0000 - Initial Comments

A Complaint (CCR #2017001225) Revisit Survey was conducted on 06/22/17. New Paradise Inc, license #9810, had the following deficiencies at the time of survey:

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

Based on observation, record review, and interview, the facility failed to limit physical to half (1/2) bed rails for one out of six (#5) sampled residents.

Findings included:

Observation on at 12:20 PM showed Resident #5 had full bed rail attached to his bed. Observed the resident was not able to remove the full bed rail on his own.

Interview conducted on at 1:00 PM, the Administrator stated "His insurance brought the bed with full bed rails. They explained to us that their physicians are allowed to order full bed rails to the residents."

Class III

Uncorrected

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview, the facility failed to have proof of a satisfactory annual sanitation inspection and fire inspection. The facility failed to have proof of a liability insurance policy. The facility failed to have an emergency management plan approved by the county.

Findings included:

Review of facility records revealed the last fire inspection was dated , the last sanitation inspection was dated , the last emergency management plan was approved on , and liability insurance policy expired on .

Interview conducted on at 1:45 PM, the Administrator stated that the facility has a satisfactory fire inspection and sanitation inspection, current liability insurance policy and emergency management plan approved by the county but the documents were not in the facility at the time of the survey.

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Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to file an adverse incident report for 1 out of 6 (#2) sampled residents who eloped from the facility.

Findings Included:

A review of Resident #2's record revealed the health assessment (AHCA form 1823) dated documented the resident as an elopement risk. Resident #2's observation log dated stated the staff notified to the administration that Resident #2 was not at the facility. The staff did not know in what moment the resident went out of the house, at the moment that administration was inform and the family member contacted the facility to inform that the police found the Resident#2 three blocks away from the facility and they will returned her to the facility.

During an interview on at 1:30 PM, Administrator stated "I did not file an incident report with the agency because I did not have access to the system."

Class III
Uncorrected.