STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967075	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **SWEET PARADISE ELDERLY HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4986 E 9 LANE** **HIALEAH, FL 33013**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on , 2017. Sweet Paradise ALF with Limited Mental Health components had deficiencies identified at time of the survey:

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, record review, and interview the facility failed to maintain a a written work schedule that reflects its 24-hour staffing pattern for a given time period. The facility failed to ensure a minimum of 212 staffing hours per week.

Findings included:

Observation on at 10:00 am revealed staff (B, C, and D) were working at the facility.

Review of the staffing pattern for 2017 revealed four staff members who no longer worked in the facility. The staffing pattern reflected 166 hours a week for a census of 6 residents.

Interview on at 10:30 am Staff B stated only Staff A-E worked in the facility. Staff B stated, "I will update the staffing pattern."

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to ensure that roof and walls were maintained.

Findings included:

Observation during the facility tour on at 10:00 am to 3:30 pm revealed:
's roof was had a leaking water, the back door did not have safety bar support. The left rear side of the facility had broken hospital beds, mattresses, plastic chairs, and wood debris. The floor of the facility was missing the foot border and the walls needed to be maintained.

Interview on at 3:00 pm Staff B stated, "We were working on fixing the facility, but the hurricane stop it, we are going to repair all of this."

Class III

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NAME OF PROVIDER OR SUPPLIER **SWEET PARADISE ELDERLY HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4986 E 9 LANE** **HIALEAH, FL 33013**	

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

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

Based on observation, record review, and interview the facility failed to have an up-to-date admission and discharge log.

Findings as follow:

Observation on at 10:00 am revealed Residents 1-6 lived in the facility.

Record review revealed the admission/discharge log did not have Residents #2 and #4 listed.

Interview on at 11:30 am Staff B stated, "I totally forget to update the admission/discharge log."

Class III

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

Based on record review and interview the facility failed to have accurate weight information for one of six sampled residents (1).

Findings included:

Record review revealed Resident #1 did not have updated weight information. Resident #1 last weight recorded on as 160 pounds every six months. Resident #1's health assessment dated revealed the resident required assistance with activities of daily living.

Interview on at 1:00 pm Staff B stated, "Resident #1 is on hospice and bedbound; it is difficult to get their weight. We only have their at hospice book."

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **SWEET PARADISE ELDERLY HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4986 E 9 LANE** **HIALEAH, FL 33013**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observation, record review, and interview the facility failed to have documentation of an eligible level 2 background screening for one of six sampled residents (D).

Findings included:

Observation on at 10:00 am revealed Staff D was assisting residents (1, 2, 3, 4, and 6) with activities of daily living activities.

Interview on at 10:01 am Staff D stated, "I work in this facility since a year ago; I work from 7:00 am - 7:00 pm."

Record review revealed Staff D was listed on the facility pattern 7:00 pm - 7:00 am.

Record review revealed that Staff D (hired) did not have a Background Screening in her file at the time of the survey.

Interview on at 1:00 pm Staff B acknowledged that she did not print Staff D Background Screening level 2.

Unclassified

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

Based on record review and interview the facility failed to maintain an employee roster in the background screening's database within the clearing house.

Findings included:

Record review revealed the staffing pattern did not match the facility's employee roster with current staff members.

Interview on at 1:00 pm Staff B confirmed that the employee roster was not maintained. Staff tried to make the corrections at the time of the survey.

Unclassified