STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966313	11/21/2017
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA RETIREMENT HOME AT PEMBROKE PINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 NW 92ND AVENUE** **PEMBROKE PINES, FL 33024**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR#2017008142 was conducted on and at Paradise Villa Retirement Pembroke Pines, License #11931. There were deficiencies during the time of the survey.

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

Based on record review and interview, it was determined the facility failed to appropriately assist a resident with his/her ADL's (Activities of Daily Living) and failed to access medical attention after a significant change in residents status following a , for 1 out 4 sampled residents (Resident #1) .

The Findings Included:

During an record review of Resident#1's file, it was revealed the resident while sitting in the . Further review revealed the resident was assessed by a LPN; resident denied any pain or discomfort, and refused to go to the hospital. On , the Owner stated the staff noticed under Resident#1's eye's but did not notify the Administrator, the owner or the family. Review of Resident#1's observation records for contained no documentation of under the residents eyes, and no documentation of any medical attention being accessed.

Further review of Resident#1's Agency for Health Care Administration Health assessment (AHCA Form 1823) revealed the following: Resident#1 was Admitted: from home. AHCA Form 1823 Dated: documents Medical History as Lumbar Fx, , Decline in Function / Physical or Sensory Limitations-Uses a rolling walker / or behavioral status: Forgetful at Times / Nursing/Treatment/ service requirements- / Precautions. Further review of the form revealed the resident requires assistance with all ADL's except eating. The file also contained a half Bedrail Order dated for safety.

During an interview with the Owner on at approximately 10:00AM, she stated Resident#1 was independent and did not require assistance from staff to ambulate. The residents AHCA FORM 1823 documents resident as using a rolling walker and requiring assistance with ambulating and transferring. The AHCA 1823 also documents Resident#1 as being a risk.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966313	**11/21/2017**
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA RETIREMENT HOME AT PEMBROKE PINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1145 NW 92ND AVENUE** **PEMBROKE PINES, FL 33024**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on observation and interview, the facility failed to obtain a new Level II background screening after a 90-day break in service for 1 of 3 sampled staff (Staff B).

The Findings Included:

On at approximately 10:30AM, Staff B's employee file was reviewed and revealed, Staff B was hired on . Further review revealed Staff B's most current background screening was dated , and no employee references were confirmed. During an interview with Staff B at this time, she stated she had been out of work more than 90 days prior to being hired at the facility.

During an interview with the Owner, she confirmed a new background screening had not been obtained at the time of hire for Staff B. She acknowledged the findings and provided no additional information for review.

Unclassified