STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968169	**01/09/2018**
NAME OF PROVIDER OR SUPPLIER **SENIOR PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3650 SW VICEROY STREET** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Relicensure survey was conducted on at Senior Paradise, LLC, License #12454. The facility had a deficiency at the time of the visit.

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

Based on record review and staff interview, the facility failed to have a signed Informed Consent Form contained within 1 of 2 resident records reviewed (Residents #4).

The findings included:

Review of Resident #4's file was conducted on . Since, this facility has unlicensed staff assisting the residents with the self-administration of medication, a copy of a signed, written Informed Consent should have been included within Resident #4's record, or contained within the content of the resident's contract. However, no informed consent documentation could be found within Resident #1's record at the time of the reveiw.

During interview with the Administrator on at approximately 1:00 PM, she acknowledged that a signed Informed Consent Form for Resident #4 could not be found within Resident #4's chart. The Administrator contacted Resident #4's responsible party to request that a signed Informed Consent Form be return to the facility as soon as possible.

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