STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968233	**02/06/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE HOME ALF INC (A)**	STREET ADDRESS, CITY, STATE, ZIP CODE **13219 44TH PL** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at Paradise Home ALF Inc, License # 12144. The facility had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review it was determined the facility failed to follow the procedures described in Section 429.256, F. S. and this rule, specifically related to providing more than verbally prompting a resident to take medications as prescribed for 1 of 5 sampled residents (Resident #2).

The findings include:

During medication observation conducted with Staff A, on beginning at approximately 9:30 AM, the following crushed medications were placed in applesauce and fed to Resident #2. Resident #2 did not participate in assisting with holding the spoon or bringing the spoonful of applesauce and medications to her mouth, or any part of assisting with these medications:

a) , , 10mg daily (crush)

b) , hbr 20mg daily in morning (crush)

c) , 15mg twice daily (crush)

During subsequent interview conducted with the Administrator, on beginning at approximately 9:50 AM, she was asked why Staff A did not permit Resident #2 to participate in assisting with the medications. She could not provide an explanation at this time.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review it was determined the facility failed to maintain an up-to-date MOR (Medication Observation Record) for 3 of 5 sampled residents (Resident #1, Resident #3, and Resident #4).

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The findings include:

During medication observation conducted with Staff A, on beginning at approximately 8:40 AM, the following resident medication records were reviewed:

1) Resident #1: The , 2018 MOR noted , 1mg is to be provided to this resident three times daily (8:00 AM, 5:00 PM, and 8:00 PM). This MOR did not reflect this medication had been provided to this resident, to date, for the month of , 2018. During interview with Staff A (unlicensed staff member providing assistance with the self administration of medications), on at approximately 9:15 AM, she acknowledged the , was not documented as having been provided, so far, for the month of , 2018. She stated it must just be a documentation error.

2) Resident #3: The , 2018 MOR noted , - , , 5-325 is to be provided to this resident three times daily (6:00 AM, 12:00 PM, and 6:00 PM). This MOR did not reflect this medication had been provided to this resident on at 6:00 AM. During interview with Staff A, on at approximately 8:40 AM, she acknowledged the , - , , was not documented as having been provided on at 6:00 AM. She stated it must be a documentation error.

3) Resident #4: The , 2018 MOR noted 80mg is to be provided in the evenings (8:00 PM) and 600 & D 400 tab is to be provided twice daily (8:00 AM and 8:00 PM). The MOR did not reflect these two medication had been provided to this resident on at 8:00 PM. During interview with Staff A, on beginning at approximately 8:55 AM, she acknowledged these two medication were not documented as having been provided on at 8:00 PM. She stated it must be a documentation error.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, interview, and record review it was determined the facility failed to ensure that any change in direction for use of a medication for which the facility is providing assistance with the self administration must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed or electronic copy of such order for 1 of 5 sampled residents (Resident #3).

The findings include:

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1) During medication observation conducted with Staff A, on beginning at approximately 8:40 AM, Staff A was observed to provide Resident #3 with a capsule ( ) 25mg. Resident #3 instructed Staff A to give her another capsule as she was itchy, today. Staff A proceeded to do so. During subsequent interview with Staff A, conducted on at approximately 9:40 AM, she was asked why she provided Resident #3 with 2 capsules instead of the prescribed 1 capsule. She stated it was because Resident #3 had asked for it. Review of Resident #3's MOR (Medication Observation Record) for 2018 reflected ( ) 25mg 1 capsule by mouth at 6:00 AM, 12:00 PM, and 6:00 PM for .

2) During medication observation conducted with Staff A, on beginning at approximately 8:40 AM, Staff A was observed to provide Resident #3 with D 400 units. The 2018 MOR noted D3 2,000 units is to be provided daily at 8:00 AM. Staff A stated she did not notice it was D and only 400 units noted on the bottle. During subsequent interview conducted with the Administrator, on beginning at approximately 9:50 AM, she stated this resident gets her own medications from the pharmacy and she did not notice there was a difference in what was noted on the MOR and what was noted on the bottle.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on interview and record review it was determined the facility failed to maintain evidence of a negative examination on an annual basis for 1 of 2 sampled staff (Staff B).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate evidence of an annual negative examination for 2016 & 2017 for Staff B (date of hire noted as). The Administrator acknowledged she was not able to locate this required documentation.

Class III

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

Based on observation, interview, and record review it was determined the facility failed to ensure a staff member who has completed First Aid and holds a currently valid card documenting completion of such

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course must be in the facility at all times for 1 of 2 sampled staff (Staff A).

The findings include:

Upon arrival to the facility on beginning at approximately 8:00 AM, Staff A (date of hire noted as) was the only staff member on premises at this time and left in sole charge of the residents of this facility. Staff A acknowledged she works 24 hours shifts and is frequently left in sole charge of the residents of this facility.

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate a currently valid card documenting completion of First Aid for Staff A. She acknowledged she was not able to locate this documentation.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on interview and record review it was determined the facility failed to ensure that new facility staff obtained / training within 30 days of employment for 1 of 2 sampled staff (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator on beginning at approximately 11:15 AM, she was provided the opportunity to locate documentation Staff A (date of hire noted as) had received / training within 30 days of employment. The Administrator acknowledged she could not locate this required documentation.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on observation, interview, and record review it was determined the facility failed to ensure a staff member who has completed First Aid and holds a currently valid card documenting completion of such course must be in the facility at all times for 1 of 2 sampled staff (Staff A).

The findings include:

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Upon arrival to the facility on beginning at approximately 8:00 AM, Staff A (date of hire noted as) was the only staff member on premises at this time and left in sole charge of the residents of this facility. Staff A acknowledged she works 24 hours shifts and is frequently left in sole charge of the residents of this facility.

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate a currently valid card documenting completion of First Aid for Staff A. She acknowledged she was not able to locate this documentation.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on interview and record review it was determined the facility failed to maintain training documentation that reflected a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee had their credentials on the training certificate for 1 of 2 sampled staff (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator, on beginning at approximately 11:15 AM, she was provided the opportunity to locate the initial medication training certificate for Staff A (date of hire noted as) that reflected the credentials of the trainer (registered nurse or licensed pharmacist is required). The medication training certificate of 4 hours, dated , did not include any credentials for the trainer. The Administrator acknowledged credentials were not noted on the training certificate. The Administrator also acknowledged that Staff A works 24 hours shifts and provides assistance with the self administration of medications for the residents of this facility.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review it was determined the facility failed to maintain water sufficient for drinking and food preparation must be stored per the facility's disaster food supply list.

The findings include:

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During observation of the facility disaster supplies; interview conducted with the Administrator; and review of the disaster food supply list (this was developed on by the facility's consulting Registered Dietitian), on at approximately 12:30 PM, the plan indicated the facility is to have 21 gallons of potable water on hand for a census of 5 residents and 2 staff. The facility currently has 5 residents and 2 staff as confirmed by the Administrator. Observation of the disaster supplies and interview with the Administrator, on at approximately 12:30 PM, revealed the facility has 10.5 gallons of potable water on hand at this time. The Administrator acknowledged the facility only has half of the amount of water, on hand, that the disaster supply list indicated.

Class III

0180 - Emergency Management - 58A-5.026(1) FAC

Based on interview and record review it was determined the facility failed to prepare a written comprehensive emergency management plan.

The findings include:

During entrance conference conducted with the Administrator, on beginning at approximately 9:55 AM, she was asked to provide the facility's comprehensive emergency management plan for review.

During subsequent interview and record review conducted with the Administrator, on beginning at approximately 12:00 PM, she acknowledged she was not able to locate the actual comprehensive emergency management plan for the facility. She provided a letter from the Palm Beach County Bureau of Safety Services, dated , that referenced a Fire and Evacuation Disaster Plan and that "it is valid for one year after the letter."

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on interview and record review it was determined the facility failed to submit a comprehensive emergency management plan to the local emergency management agency.

The findings include:

During entrance conference conducted with the Administrator, on beginning at approximately

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9:55 AM, she was asked to provide the facility's comprehensive emergency management plan approval letter for review.

During subsequent interview and record review conducted with the Administrator, on beginning at approximately 12:00 PM, she acknowledged she was not able to locate the comprehensive emergency management plan approval letter for the facility. She provided a letter from the Palm Beach County Bureau of Safety Services, dated , that referenced a Fire and Evacuation Disaster Plan and that "it is valid for one year after the letter."

Class III

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

Based on interview and record review it was determined the facility failed to maintain the employment status of all employees with the the clearinghouse and any changes to their employment status must be reported within 10 days for 1 of 3 sampled staff (Staff C).

The findings include:

During interview and review of the facility's clearinghouse roster conducted with the Administrator, on beginning at approximately 11:15 AM, she was asked about the employment status of Staff C (date of hire noted as). She stated, "she never really worked here." The Administrator was asked why Staff C's name had not been removed from the clearinghouse roster. She stated she was not aware she needed to do so.

Unclassified