STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967426	R **05/03/2018**
NAME OF PROVIDER OR SUPPLIER **PARADISE HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **8950 SW 215TH TERRACE** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A Standard Biennial Revisit Survey was conducted on 05/03/2018. Paradise Home ALF Corp. (license number 11459) had the following deficiency found at the time of the survey:

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

Based on record review and interview, the facility failed to provide documentation that 1 out of 3 sampled staff received the required continuing education training in assisting residents with self-administration of medications on an annual basis (Staff C).

Findings included:

A review of Staff C's employee file showed the last assistance with self-administered medication training for Staff C, was dated .

On at 12:29 PM Staff C stated, "I give the medication to the residents, I gave the medication this morning. I will let the Administrator know the training is expired."

Uncorrected Class III