STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969018	**06/11/2018**
NAME OF PROVIDER OR SUPPLIER **AGING HOME PARADISE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 ZACALO WAY** **KISSIMMEE, FL 34743**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . . . . Aging Home Paradise license # 2865 had deficiencies found at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to take in consideration the accuracy of the on the Health Assessment Form-AHCA 1823 for 2 of 4 sampled residents (#1 and 4) and retained 2 residents who exceeded standard assisted living facility.

Findings:

1. Resident record review for resident # 1 revealed an updated health assessment report that was not dated indicated the resident needed total care with all the activities of daily living.

In an interview with staff, A on . . . . . at 12:47 PM who said resident #1 did not need total care. She was able to assist with cueing.

2. Resident record review for resident # 4 revealed a health assessment report dated . . . . . that indicated the resident needed 24 hour nursing or , , ... care and needed medication administration.

In an interview with the owner on . . . . . at 3PM, who said the assessment for resident #4 was incorrect, as she was able receive assistance with medications and did not need 24 hour nursing or , , ... care.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observations, interviews and record reviews the facility failed to ensure that it complied with the Resident's Bill of Rights and failed to ensure: the use of physical . . . . . was limited to the use of half bed rails only and restrained 1 . . . . . resident (#1) and Failed to obtain physician's order for 1 of 5 sampled residents (#5) who required half-bed rails.

Findings:

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1. Observations during the facility tour on at 8:20 AM noted resident #1 had a belt around her waist and was tied up to the wheelchair. She was

In an interview with staff B on at 8:20 AM who said the resident made attempts to get up and could , so her doctor gave them an order to restrain her.

Resident record review for resident #1 revealed a health assessment report 1823 that was not dated listed diagnoses of , , high , and . She was non- verbal.

In an interview with the daughter of resident #1 on at 3 PM, who expressed concern because her mother could not have the belt to keep her from falling. The Agency representative explained that the resident have the right to be free from restrains and the facility's responsibility to provide supervision. She acknowledged understanding

2. Continued observations noted resident #5 had full bed rails. In an interview with staff, B on at 8:20 AM who said resident #5 was in a rehabilitation facility.

Resident record review for resident # 5 revealed a health assessment report 1823 that listed diagnoses of , , and memory loss.

Class III

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

Based on record review and interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date for 4 of 4 residents sampled. (#1, 2, 3, and 4)

Findings:

During the facility tour on at 8:20 AM staff B said that all residents had taken their morning medications. Three residents received assistance with medications; resident #1 had a nurse, contracted by the family to administer her medications. Resident #4 did her own sugar test and administration.

Review of the facility's MOR dated 2016, for residents # 2, 3 and 4 revealed that no entries had been done since 6/8/8 in the AM. The MORs for all medications for all 4 residents were blank.

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In an interview with staff, B on at 8:30 AM who said the residents took their medications but the staff did not sign the MOR.

In an interview with the owner on at 10:30 AM who said the residents took, their medications but the staff did not sign the MOR.

Class III

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

Based on personnel record review and interview the facility failed to ensure the 1 of 5 personnel records (C) contained a healthcare provider statement that indicated freedom from communicable including ( ).

Findings:

Personnel record review for staff C hired (caregiver) revealed no evidence to confirm freedom from communicable including .

In an interview with the owner on at 2 PM, who confirmed the findings.

Class III

0080 - Training - Core & Competency Test - 429.52(1-2) FS; 58A-5.0191(1) FAC

Based on personnel record review and interview the administrator (D) failed to have evidence to confirm completion of 12 hours of continuing education in topics related to Assisted Living every 2 years.

Findings:

Personnel record review for staff B, the administrator revealed she attended 5 hours of containing education related to Assisted Living. The review revealed no evidence to confirm she attended a total of 12 hours as required.

In an interview with the owner on at 3 PM who confirmed the findings.

Class III

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0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on personnel record review and interview the facility did not provide or arrange for 4 of 5 sampled staff (#A, B, C and D) to attend the mandated in-service training.

Findings:

1. Personnel record review for staff A hired and was a caregiver and served or prepared food. The review revealed no evidence she attended/received an -service training regarding the facility's resident elopement response policies and procedures

A 1- hour in-service training regarding: The facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1. Reporting major incidents. 2. Reporting adverse incidents.

A 1- hour- in-service training regarding 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . There was no evidence to confirm she attended ALF CORE and was exempt for this requirement

1-hour-in-service training within 30 days of employment in safe food handling practices. There was no evidence to confirm she attended ALF CORE and were exempt for this requirement

2. Personnel record review for staff B hired and was a caregiver and served or prepared food. The review revealed no evidence she attended/received:

An -service training regarding the facility's resident elopement response policies and procedures

A 1- hour in-service training regarding: The facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1. Reporting major incidents. 2. Reporting adverse incidents.

A 1- hour- in-service training regarding 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . There was no evidence to confirm she attended ALF CORE and was exempt for this requirement

1-hour-in-service training within 30 days of employment in safe food handling practices. There was no

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evidence to confirm she attended ALF CORE and were exempt for this requirement

3. Personnel record review for staff C, hired 10/7/7 and was a caregiver and served or prepared food. The review revealed no evidence she attended/received:

An -service training regarding the facility's resident elopement response policies and procedures

A 1- hour in-service training regarding: The facility's emergency procedures including chain-of-command and staff roles relating to emergency evacuation and 1. Reporting major incidents. 2. Reporting adverse incidents.

A 1- hour- in-service training regarding 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . There was no evidence to confirm she attended ALF CORE and was exempt for this requirement

1-hour-in-service training within 30 days of employment in safe food handling practices. There was no evidence to confirm she attended ALF CORE and were exempt for this requirement

4. Personnel record review for staff D hired 2016. The review revealed no evidence she attended/received an in-service training regarding the facility's resident elopement response policies and procedures.

In an interview with the owner on at 2 PM, who said the staff needed the training.

Class III

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

Based on personnel record review and interview the facility did not provide or arrange for 2 of 5 sampled staff (B and D) to attend the required education course on / , (/).

Findings:

Individual personal record review for staff B- hired and staff D hired 2017 revealed no evidence to confirm they received an education course on / , (/). There was no evidence to confirm they were licensed nurses,

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therefore exempt from the requirement.

In an interview with the owner on at 2 PM, who said the staff needed the training.

Class III

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

Based on observations, interview and record review the facility failed to ensure unlicensed staff who assisted residents with self- administration of medications met the training requirements before they provided such assistance.

Findings:

During the facility, tour on at 8:20 AM staff B said that all residents had taken their morning medications, 3 residents received assistance with medications, resident #1 had a nurse, contracted by family to administer her medications. Resident # 4 did her own sugar test and administration with assistance as well.

Review of the facility's MOR dated 2016, for residents # 2, #3 and #4 revealed that no entries had been done since 6/8/8 in the AM. The MORs for all 4 residents were blank.

In an interview with staff, B on at 8:30 AM who said the residents took their medications but the staff did not sign the MOR.

Observations on at 1:20 PM noted that resident #4 returned from the doctor's appointment. Staff B asked if she was going to check her sugar and take . The staff assisted the resident with her sugar test. The resident injected the ; however, the staff turned the pen to 6 Units, so it would be ready when the resident used it again, before supper.

Observations on at 5 PM noted that staff B assisted resident #2 with self -administration of medications.

In an interview with staff, B on /8 at 12:41 PM said she assisted the resident with self-administration of medication and had not taken a class.

Individual personnel record review for staff A -hired and B- hired revealed no evidence to

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confirm that they attended the required training prior to assuming the reasonability. There was no evidence she was a licensed nurses, therefore exempt from the requirement.

In an interview with staff B on at 2 PM who said, she thought the classes she took for her other jobs were good for assisted living. There was no evidence she was a licensed nurse, therefore exempt for the requirement.

In an interview with the owner on at 2 PM, who said the staff needed the training.

Class II

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility did not provide or arrange for 4 of 5 sampled staff (# A, B, C, and D) to attend a 1 hour in-service training regarding the facility's ( ) policies and procedures.

Findings:

Individual personal record review for staff A -hired , staff B- hired , staff C- hired and staff D hired 2017 revealed no evidence to confirm they received an in-service training regarding the facility's policies and procedures.

In an interview with the owner on at 2 PM, who said the staff needed the training.

Class III

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

Based on record review and interview the facility failed to ensure that 1 of 3 sampled resident records (#4) contained all the required components that included an informed consent form.

Findings:

Resident record review for resident #4 who received assistance from unlicensed personnel, revealed no evidence to confirm a written informed consent regarding unlicensed staff assisting the resident with self-administered medications. In addition, whether the unlicensed staff would or would not be overseen by a nurse.

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In an interview with the owner on at 3 PM who confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record review and interview the facility failed to ensure 2 of 3 sampled (#4 and #1) residents' contracts contained all the required information.

Findings:

Individual resident record review for resident #1 revealed a contract dated and resident # 4 had a contract dated . The review revealed the contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.

In an interview with the owner on at 2 PM, who confirmed the findings.

Class III

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

Based on interview the facility failed to submit the Comprehensive Emergency Plan (CEMP) to the local emergency management within 30 days of obtaining the initial licensure and yearly thereafter.

Findings:

In a telephone interview with the administrator on at 9:55 AM who stated she submitted the plan in 2016 but not in 2017, as she was not aware. She will work on it tomorrow, as she got someone to help her.

In another interview with the administrator on at 11:15 AM who stated she was never told to submit the plan.

Class III