

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953246	(X3) DATE SURVEY COMPLETED R 06/27/2018
NAME OF PROVIDER OR SUPPLIER MARIBEL PARADISE HOME INC	STREET ADDRESS, CITY, STATE, ZIP CODE 651 EAST 49 STREET HIALEAH, FL 33013	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An Abbreviated Biennial Revisit Survey was conducted on . . . 27, 2018. Maribel Paradise Home Inc. (license #8477) had the following deficiencies identified at time of the survey: 0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC Based on record review and interview, the facility failed to have a surety bond for one of six (#1) sampled residents. Findings included: Record review revealed the facility did not have a surety bond. Facility was payee for Resident #1. Interview on . . . at 2:00 pm Staff A stated, "I did not know about the surety bond." Class III 0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC Based on observation and interview, the facility failed to provide a safe living environment. Findings included: Observation on . . . at 2:00 pm revealed the following information: The backyard had dents on the floor, there were also construction materials. The hallway had missing tiles with a plastic mat covering it. # . . . was not maintained. Interview on . . . at 2:00 pm Staff A stated, "I am waiting of the home's insurance to finish everything." Class III		