STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965890	**07/11/2018**
NAME OF PROVIDER OR SUPPLIER **TROPICAL HEAVEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **14201 SW 48 LANE** **MIAMI, FL 33175**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . , 11, 2018. Tropical Heaven, Inc. (License #10216) had the following deficiencies identified a time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to have a satisfactory fire inspection report available for review.

Finding included:

Posted on the wall was the fire permit dated . . . . 2018. The facility did not have proof of the current fire inspection available for review.

Interview on at 9:10 AM Staff B acknowledged the facility did not have a fire inspection.

Class III

0077 - Staffing Standards - Administrators - 429.176 FS; 58A-5.019(1) FAC

Based on record review and interview, the facility failed to ensure that the listed Administrator completed and successfully passed the CORE competency exam no later than 90 days after becoming employed as a facility's Administrator.

Findings included:

The facility health finder database showed Staff B as the Administrator.

Review of Staff B's personnel record revealed she was hired on . Staff B did not have proof of passing the CORE competency exam within 90 days of employment as an Administrator.

On at 9:58 AM Staff B stated, "I am not the Administrator. I am the assistant administrator. Staff A is the Administrator and she is on vacation."

Interview on . . . . at 3:30 PM the Administrator acknowledged she did not pass the CORE exam.

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Class III

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

Based on record review and interview, the facility failed to have an updated health assessment for one out of six (#6) sampled residents.

Findings included:

Review of Resident #6's health assessment dated showed he needed total assistance with all of his activities of daily living and that the resident was able to administer without assistance.

On at 1:36 PM Staff B stated, "The right hand is fine. He is able to drink, eat his food, he has no problems with swallowing. He takes his medication. He bath himself with a sponge. He is in a wheelchair. He is able to do everything with that hand. He is able to walk with a walker and with assistance."

On at 1:45 PM with Staff D stated, "He is able to stand in the shower himself and use his one hand to wash himself. I supervises him. If it get too much he is able to sit in the chair."

Class III