STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965865	R **07/26/2018**
NAME OF PROVIDER OR SUPPLIER **E & A PARADISE HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5925 SW 117 AVENUE** **MIAMI, FL 33183**	

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

0000 - Initial Comments

A standard biennial survey revisit was conducted at E & A Paradise Home, Inc. on , 2018, license 10185 with Limited Mental Health component. The facility had the following deficiency identified at the time of survey:

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

Based on record review and interview, the facility failed to appoint a manager who was not already a manager at another facility.

Findings included:

A review of the facility roster showed the Assistant Administrator with a hire date of . Further review showed the Assistant Administrator also assigned to another facility as manager, with a hire date of .

On , 2018 at 9:20 am, the Administrator acknowledged the deficiency and stated, "I will fix it today".

Class III