STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969018	**09/27/2018**
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

A complaint investigation #2018009221 was conducted on [redacted] and [redacted]. Aging Home Paradise license #2865 had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (AHCA form 1823) for 2 of 3 sampled residents (#5 and 6).

Findings:

1. Resident record review for resident #6 admitted on [redacted], revealed a health assessment report 1823 that was not dated. The report listed diagnoses of left above the knee amputation, and [redacted]. She needed assistance with bathing, dressing eating and [redacted]. According to the health assessment she was total with ambulation, toileting and transferring; and was bed ridden. She needed administration of medications.

2. On [redacted] at 5 PM the resident was observed to self-propel in the wheelchair, feed herself and transfer with assistance of 1 staff. Resident #5 was admitted on [redacted]. Health assessment dated [redacted] listed diagnoses of muscle [redacted], and high [redacted]. She was alert with [redacted]. She needed medication administration, was independent with eating; assistance was needed with all others activities of daily living.

In an interview with the administrator on [redacted] at 1 PM who stated residents #5 and #6 were appropriate for assisted living, they needed assistance with medications; the health assessments were incorrect and she overlooked them.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility had no evidence to confirm that their emergency power plan was approved, did not develop and implement written policies and procedures to ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source, and did not notify residents/responsible party that the plan was submitted to the county emergency for review and approval.

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SUMMARY STATEMENT OF DEFICIENCIES
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Findings:

The administrator provided a letter that indicated the Emergency Power Plan (EPP) was submitted to the local emergency management officials for review and approval on .

In an interview on at 1 PM with the administrator who stated the EPP was not approved yet. She added, the facility did not notify each resident/resident representative in writing that the EPP was submitted for review and approval. She had not develop policies and procedures ensure the assisted living facility could effectively and immediately activate operate and maintain the alternate power source .

Class III