STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943164	**11/13/2018**
NAME OF PROVIDER OR SUPPLIER **EL PARAISO HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1540 SW 7TH STREET** **MIAMI, FL 33135**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Survey was conducted in conjunction with the biennial survey on , . El Paraiso Home, Inc., with Limited Nursing Services and Limited Mental Health components had a deficiency identified at the time of the survey:

Based on record review and interview, the facility failed to develop a written policy or procedure ensuring the alternate power source and fuel can be effectively operated and maintained. The facility failed to obtain the required fuel at the facility to ensure that in the event of the loss of primary electrical power there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. Additionally, the facility failed to notify its residents and their family or representative (in writing) of its emergency power plan.

Findings:

A record review on revealed the facility did not have written policies or procedures documenting the required steps to operate, test and/or maintain the generator. Additionally, the facility had no written documentation or evidence that residents, a family member and/or legal guardian was notified of the facility's emergency plan or policies.

On at 9:40 AM , the Administrator stated they currently had 10 gallons of gas onsite which would provide the facility with power for approximately 16 hours. Additionally, the President stated they were not aware they had to have written procedures or policies for the generator or the facility's emergency plan.

Class III