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 Standard Biennial Survey was conducted on , . El Paraiso Home, Inc. (License # 8006) with Limited Nursing Services and Limited Mental Health components had deficiencies identified at the time of the survey:

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and interview the facility failed to follow the guidelines when administering medications to residents.

Findings included:

On at 9:10 AM observed Staff B, a license practical nurse, administering the medications to Resident # 9. Staff B punched the medications out of the cards and used her to put the medications in a cup. Staff B signed the medication observation record when the resident was still chewing on the pills.

On at 9:15 AM Staff B stated, "yes I touched the pills and signed without her finishing swallowing."

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide documentation that one five of sampled staff had an annual examination documenting freedom from ( ) (Staff E).

Findings:
A record review on revealed Staff E had an expired Screening. Staff E was last screened on .

On at 9:50 AM, the facility President stated Staff E had been screened as required. No documentation of the screening was provided .

Class III

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0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on record review and interview, the facility failed to maintain a surety bond with the agency in an amount equal to twice the average monthly aggregate income or personal funds due to residents for two out of 10 sampled residents (#7 and #10).

Findings included:

On at 9:20 AM the Administrator stated the facility was the payee for Resident # 7 and # 10. Stated she did not have a surety bond.

Record review revealed Resident # 7 paid $675.00 and Resident # 10 paid $750.00.

Class III

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

Based on observation, record review and interview, the facility failed to provide documentation of an accurate health assessment for one out of 10 sampled residents (# 9).

Findings included:

On at 9:10 AM observed Resident # 9 being administered her medications by Staff B who is a license practical nurse.

Review of the Resident # 9's health assessment showed she required assistance with self-administration of medications.

On at 9:16 AM Staff B stated that Resident # 9 required medication administration.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

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

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SUMMARY STATEMENT OF DEFICIENCIES
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there is sufficient fuel readily available to maintain temperatures at or below 81 degrees for residents. The facility also failed to notify its residents and their family or representative (in writing) of its emergency power plan.

Findings:

A review of facility records on 11/13/2018 revealed no 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 facility President stated there was currently 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

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview facility failed to provide documentation of a current annual Community Living Support Plan and , Agreement for one out of 10 sampled residents (Resident # 6).

Findings included

Review of admission and discharge log revealed that Resident # 6 was identified as a resident with a mental health diagnosis.

Review of Resident # 6's record revealed the last Community Living Support Plan and , Agreement were signed by the resident's psychiatrist on . There was no documentation of an updated Plan in .

On at 10:30 AM the Administrator stated Resident # 6 had a mental health diagnosis and was receiving the Optional State Supplement ( ). The Administrator further stated that she would ask the psychiatrist to complete the new Community Living Support Plan and , Agreement.

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Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to provide a minimum of 3 hours of annual training in working with individuals with mental health diagnoses for one of five sampled staff (Administrator)

Findings include:

A review of the Administrator's file showed no documentation of 3 hours of Limited Mental Health training, every 2 years as required. The last training certificate was dated . No other completion certificate or limited mental health training documentation was on file.

On at 9:50 AM, the Administrator stated she completed the training as required, but had no documentation on file to show as proof.

Class III