STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922316	12/13/2018
NAME OF PROVIDER OR SUPPLIER **PARAISO HOME OF MIAMI II**	STREET ADDRESS, CITY, STATE, ZIP CODE **9808 SW 147 PLACE** **MIAMI, FL 33196**	

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

0000 - Initial Comments

On , a standard biennial relicensure survey was conducted at Paraiso Home Of Miami II with Limited Mental Health component. Deficient practice was identified during the survey:

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and record review, the facility failed to offer activities as scheduled to the residents.

Findings included:

Record review revealed the activities calendar posted for the month of documented that each day of the month the activities were from 3:00 PM to 6:00 PM.

During the interviews with the residents on from 8:16 AM to 8:52 AM, it was revealed the facility did not offer or provide any activities.

Observations on from 7:15 AM to 12:00 PM during the survey found two residents remained in the facility while the other four went program. The facility did not offer any activities to the residents.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the correct procedure as outlined in section 429.456 of Florida Statutes, when assisting two out of six sampled residents with self-administration of medications (Resident #1 and 5).

Findings included:

Medication pass observations on at 7:40 AM found the Administrator placed the medication is put in a small plastic cup and took it to Resident #5, who was sitting in the dining room waiting for breakfast. She gave the cup of medication to Resident #5 without telling him what the medication was for. She did not observed Resident #5 take the medications and went to get the medication for Resident #1 without initialing the medication given on the medication observation record (MOR).

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On at 7:50 AM the Administrator stated, "to tell you the truth I do not tell the resident the name of the medication neither what is the medication for, I just prepare it for them and give it, the same way that you saw me today."

Class III

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

Based on record review and interview the facility failed to have a surety bond with the minimum bond proceeds that equal twice the value of the residents' monthly aggregate income for two out of six sampled residents (Resident #1 and #4).

Findings included:

On at 11:00 AM resident interviews revealed the facility was the payee for two residents and that their payment went direct to the bank account of the facility. The Administrator stated that she does not have a surety.

Record review revealed the monthly payment for the two residents are as follows: Resident #1 pays $770.00/monthly and Resident #4 pays $812.00/monthly

Class III

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

Based on record review and interview, the facility failed to have one out of six sampled residents' health assessment completed every three years for one out of six sampled residents (Resident #6).

Finding included:

Review of resident records showed Resident #6's most recent health assessment was dated .

On at 11:00 AM the Administrator stated, "I thought that we were supposed to do a health assessment for the resident every five years, AHCA changes the rules constantly."

Class III

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NAME OF PROVIDER OR SUPPLIER **PARAISO HOME OF MIAMI II**	STREET ADDRESS, CITY, STATE, ZIP CODE **9808 SW 147 PLACE** **MIAMI, FL 33196**	

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

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to notify each resident and the resident's legal representative in writing about its Emergency Power Plan (EPP) and the facility also fail to have . . . monoxide detectors working properly at the time of the survey and to have policies and procedures.

Findings included:

A review of the facility's (EPP) record revealed it did not notify the residents or their representatives of their policies or procedures. The facility also failed to have . . . monoxide detectors working properly at the time of the survey.

On at 12:00 PM, the Administrator stated that she knew that these things had not been done as of yet but she was going to make sure to have it done as soon as possible.

Class III

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

Based on record review and interview, the facility failed to ensure two out of two sampled staff completed the limited mental health minimum of 3 hours of continuing education every two years (Staff A and B).

Findings included:

A review of the facility's license found it have the limited mental health component.

A review of Staff A's employee file showed the last mental health continuing education was completed on .

A review of Staff B's employee file showed the last mental health continuing education was completed on .

On . . . at 11:30 PM the Administrator stated that she was going to try and get the date set for the training as soon as possible.

Class III