STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

0000 - Initial Comments

A Complaint (CCR#2019000007) Survey was conducted on , and concluded on , in conjunction with a Biennial Licensure Revisit Survey. Residential Paradise, Inc with limited mental health component had the following deficiencies identified at the time of the survey:

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the Assisted Living Facility (ALF) failed to provide appropriate supervision to meet the resident's needs while on the premises for one out of nine sampled residents (#4). The facility failed to maintain a written record that showed any significant changes, any illnesses that resulted in medical attention for one out of nine sampled residents (#4). Resident #4 had of the right that required the resident to be sent to the hospital. The resident was later found out to have multiple on the right , and one on the wall of unknown cause.

Findings included:

Review of Resident #4's hospital record showed that he arrived to the hospital's emergency room via ambulance on at 12:07 PM with a chief complaint of and . The history obtained from (Emergency Medical Services) showed that the resident brought in by ambulance from ALF. As per the resident sustained the to right the night before and had to right and . The resident had . A Doctor (MD) completed Resident #4's skin assessment (evaluation) at the emergency department of the hospital on . It showed that during the resident had the right upper extremity had a with Ascher approximately 3 x 2 cm over the , a with Ascher approximately 2.5 x 2 cm dorsal of the approximately 5 x 4 cm at the palm, a approximately 3 x 2 cm at the volar aspect of the , compartment are not soft, significant of the , and to right wall with . The hospital record showed that the hospital made multiple attempts to contact the ALF and 3 hours later, the ALF answered the phone. The ALF stated that the resident had a the day before afterwards his began to swell and the ALF denied that the resident had any access to hot water or fire. care notes showed that the resident had significant of the right , 2nd/ . The resident transferred to a different hospital for management, and concern for compartment . Unknown circumstances of . The diagnoses before transferring were with epidermal loss due to (second degree) of , with epidermal loss due to (second degree) of palm of , elevated CK (Creatine Kinase), and compartment of right .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**01/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENTIAL PARADISE, INC	**9041 SW 142 COURT MIAMI, FL 33186**

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

According to , Alliance, the possible dangers of second and are:
- a can extend beyond the top layer of the skin causing the skin to and becoming extremely red and . If it is not treated, can caused .
- a is severe due to it extended through every layer of skin. It can cause damage. If not treated, can caused , loss, .

at 11:15 AM, Staff C revealed Resident #4 lived for one year in the facility and slept in the second floor. On , the resident was on the floor in the morning. Staff B called emergency services (911) . The paramedics checked the resident and said that everything was ok. That night staff called the owner and told him that she'd noted that the resident's was . He stated the resident was not complaining of , . The next morning, Staff C noticed that the on the resident's had a on the inside aspect. He suspected a or an insect bite and called again 911. They told him that it looked like a and the emergency services transferred him to the hospital. He checked the whole house thinking on finding any possible hazard. He was informed at the hospital the same day that the resident had another similar to the one in the on the abdomen. He stated he didn't know what caused 911 to not see the in the abdomen either of the two times they were called to the facility. Staff C assumed that the resident probably made friction and the friction caused the but he did not know what really happened.

On at 11:47 AM, Staff B revealed that she was on duty the day that Resident #4 went to the hospital. On Saturday he (Resident #4) was downstairs the whole day. He exercised in the yard, stayed inside from time to time and ate his three meals like normal. On Sunday, he came to the first floor, ate breakfast, took his medications and went to the second floor. When the staff went to call him for lunch, he was lying on the floor in his room. She asked him what he was doing there, and he told her to leave him there. She called the owner who instructed to call 911. She called the owner before the emergency services because the resident was breathing normal, responsive and made some movements. The emergency service came and the paramedics checked on him. They found that he was ok, helped him to get out of the floor, and sat him in a chair. He was not transfer out, he stood in the facility. In the afternoon when the staff served dinner, she noticed that he did not eat and saw to the was ; he ate dinner later. She called the owner and informed and he told her to observed him. The next morning, the continued and she called the owner again. The owner called the ambulance, and this second time they took the resident to the hospital.

Review of Resident #4's record showed that the health assessment (AHCA form 1823) completed on . The resident had medical history and diagnoses of 's and . He was able to ambulate without assistance and . The resident was independent for ambulation and needed supervision for the rest of activities of daily living (bathing, , eating, self-care, toileting

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

and transferring). The resident's needs cannot be met in an ALF.

Review of progress notes for Resident #4 showed that they were completed on monthly basis. There were no hospitalizations and no unusual behaviors. The last progress note entrance was date , with no date specified. There was no documentation that staff found the resident on the floor and emergency services came to the facility and the following day the resident had and went to the hospital.

Class II

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation and interview, the Assisted Living Facility failed to honor resident rights for privacy by not allowing staff to share a room with residents.

Findings included:

On at 6:54 AM, Resident #2 was on the process of getting out of bed. There were two beds in # .

On at 6:55 AM, Staff B stated, "I sleep here when there is no resident for occupying that bed."

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on observation, interview, and record review, the Assisted Living Facility failed to maintain the minimum staff hours per week of 212 hours for a total of five residents and one day care participant.

Findings included:

On at 6:52 AM, Staff B was the only staff taking care of five residents in the facility. On at 6:53 AM, the staff revealed that she was alone as staff in the building.

On at 7:35 AM, Staff C arrived. Then on at 8:43 AM, Day Care Participant #6 arrived.

On at 8:43 AM, Staff B revealed that the person who arrived was the day care participant.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	01/25/2019
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

Review of the staffing pattern for , showed that from to , Staff B was the only staff on duty. The week from to showed that Staff B was the only staff on schedule to work 24 hours a day. The administrator and Staff C were on call 24 hours the seven days of the week. The staffing pattern showed that staff hours per week were 168 hours.

On at 12:46 PM, Staff C revealed Resident #7 went to Puerto Rico and returned the previous Sunday. The facility just had 3 residents. Resident #8 just moved in to the facility on .

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the Assisted Living Facility failed to ensure that the facility's administrator signed the pre-service orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training and that it covered the facility's license type for one out of five sampled staff (E).

Findings included:

Review of Staff E's personnel record showed a date of hire of . The facility's administrator did not sign the pre-service orientation dated . The pre-service orientation did not include the facility's type of license.

On at 9:48 AM, the owner revealed that Staff E worked until and has not returned. She did not answer the phone or anything. On she called him and told him that she did not feel good that he pleased call someone so she can left.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the Assisted Living Facility failed to provide a report to the agency within 1 business day and within 15 days after the occurrence of an adverse incident for resident that had a change for one out of nine sampled residents (#4). Resident #4 had on the right that required the transfer of the resident from the hospital and later found out that he had multiples in the right and one on the wall of unknown cause.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966057	**01/25/2019**
NAME OF PROVIDER OR SUPPLIER **RESIDENTIAL PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **9041 SW 142 COURT** **MIAMI, FL 33186**	

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

The facility did not complete any internal or external adverse incident report regarding Resident #4's of unknown source that required him to be hospitalized.

Review of Resident #4's hospital record showed that he arrived to the hospital emergency room on at 12:07 PM with chief complaint of and via ambulance. The resident's diagnoses of arm and arm , - . History obtained from (Emergency Medical Services) showed that the resident brought in by ambulance from ALF. As per the resident sustained to right the night before and had to right and . The resident had . The diagnoses before transferring the resident to another hospital with a care unit were with epidermal loss due to (second degree) of with epidermal loss due to (second degree) of palm of , elevated CK (Creatine Kinase), and compartment of right .

On at 3:53 PM, Staff C revealed that the facility did not complete adverse incident report yet.

Class III