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

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

**0000 - Initial Comments**

A Biennial Licensure Revisit Survey was conducted on , 15th, 2019 and concluded on , 25th, 2019 in conjunction with a Complaint Survey. Residential Paradise, Inc with limited mental health component had the following deficiencies identified at the time of the survey:

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on record review and interview, the Assisted Living Facility failed to ensure that Medication Observation Records (MORs) included the name of the resident's health care provider, the health care provider's telephone number, and for one (#8) out of nine sampled residents.

Findings included:

Review of Resident #8's MORs showed it was missing the name of the resident's health care provider, the health care provider's telephone number, and .

On at 12:14 PM, Staff C revealed that Resident #8 just moved in to the facility. He completed with the rest of the information but he did not have that information yet.

Uncorrected
Class III

**0160 - Records - Facility - 58A-5.024(1) FAC**

Based on observation, record review, and interview, the Assisted Living Facility failed to ensure that the admission and discharge log identified the facility or home address to which the resident was discharged and the reason for discharged.

Findings included:

Review of admission and discharge log showed that Resident #3's date of discharge was on , the reason for discharge showed "transferred" and place discharged to showed "Another ALF."

Review of admission and discharge log showed that Residents #3's date of discharge was on , the reason for discharge showed "transferred" and place discharged to showed "Another ALF".

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

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

Residents #4's date of discharge was on , the reason for discharge showed "hospital" and place discharged to showed "hospitalized". Residents #9's date of discharge was on , the reason for discharge showed "hospital" and place discharged to showed "hospitalized".

On at 1:02 PM, Staff C revealed that he did not realize about the problem with the documentation in the admission and discharge log.

Uncorrected
Class III

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

Based on record review and interview, the Assisted Living Facility failed to have completed health assessments for one out of nine sampled residents (#7). The facility also failed to initiated a record on admission for residents receiving assistance with the activities of daily living and then must have their recorded semi-annually for one out of nine sampled residents (#7).

Findings included:

Review of Resident #7's record showed that the date of admission was on . The health assessment (AHCA form 1823) completed on showed that the and sections were blank. The resident needed assistance for bathing, , self-care and toileting.

Resident #7's log included the dates and but the section was blank.

On at 3:50 PM, Staff C revealed that he did not realize Resident #7's health assessment missed the and .

Uncorrected
Class III