

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966626	(X3) DATE SURVEY COMPLETED 02/05/2019
NAME OF PROVIDER OR SUPPLIER PARADISE VILLA RETIREMENT AT SHERIDAN #V	STREET ADDRESS, CITY, STATE, ZIP CODE 11330 SHERIDAN STREET PEMBROKE PINES, FL 33028	

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

0000 - Initial Comments

An unannounced abbreviated Relicensure survey was conducted on _____ at Paradise Villa Retirement at Sheridan #V, License #11017. The facility had deficiencies identified at the time of the survey.

Please note an unannounced Spot Check survey was conducted in conjunction with this survey on the same date. Please see separate report for findings.

0008 - Admissions - Health Assessment - 429.26() FS; 58A-5.0181(2) FAC

Based on record review and interview, the facility failed to ensure that the facility maintained a completed Agency for Health Care Administration Health Assessment (AHCA Form 1823) for all residents that was complete and reflective of the resident's current care needs and Third Party Services, for 1 of 3 sampled residents (Resident #4).

The Findings Included:

A review of Resident #4's AHCA Form 1823 revealed the resident is an _____ Dependent _____ and requires _____ administration. Further review revealed Resident#4 receives _____ Solotar Subqutaneous (SQ) 100 units/ML 8 units SQ daily in AM. On page one of the AHCA Form 1823 in the nursing/treatment/ _____ services requirements section, it is documented the resident requires "None" of the services. A review of the resident chart also reveals the resident receives home health for daily _____ monitoring and _____ administration. At this time, an interview was conducted with the Administrator who verified the resident has been on home health since her admission to the facility.

During an interview with the Administrator on _____, she acknowledged the findings and provided no additional documentation for review.

Class III

0031 - Resident Care - Third Party Services - 58A-5.0182(7) FAC 429.255(1)(b). FS

Based on record and interview, the facility failed to ensure Third Party Services were being rendered and documented in the facility records, for 1 of 3 sampled residents (Resident#4).

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NAME OF PROVIDER OR SUPPLIER PARADISE VILLA RETIREMENT AT SHERIDAN #V	STREET ADDRESS, CITY, STATE, ZIP CODE 11330 SHERIDAN STREET PEMBROKE PINES, FL 33028	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
The Findings Included: Resident#4 was admitted as a Dependent who receives home health for monitoring and injections daily in the AM. A review of the residents physician order revealed the resident is to receive (SQ) 100 Units/ML- Inject 8 units SQ daily in AM. Further review of the resident's MOR for through and through , revealed no documentation of a being completed, and there was no signature to verify an injection was given. It was also observed on at approximately 1:15PM, Resident#4 had not received her AM for the day. A review of the facility home health sign-in sheet revealed no home health sign-in on and . On at approximately 1:25PM, the Administrator contacted the home health agency and verified the medication is to be given in the AM , and confirmed home health had not been to the facility on to conduct the AM and administer . During an interview with the Administrator on at approximately 2:45PM, she acknowledged the findings and provided no additional documentation for review. Class III 0181 - Emergency Plan Approval - 58A-5.026(2) FAC Based on record review and interview, the facility failed to ensure that their Comprehensive Emergency Management Plan (CEMP) was up-to-date and approved by the Local County Emergency Management Division. The Finding Include: During the Re-licensure Survey conducted on , this surveyor requested the facility's current Comprehensive Emergency Management Plan (CEMP). The Administrator provided this surveyor with a copy of the last approved CEMP dated informing that the approval was valid through . The CEMP had not been updated at the time of the survey. During the exit interview on between 1:20 PM and 1:35 PM, this surveyor shared the findings of the survey, at which time it was restated by this surveyor that the CEMP was not current. The Administrator acknowledged. Class III		