STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943164	R 01/23/2019
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 revisit 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:

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

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

Findings included:

Review of Resident #9's health assessment completed on and stated that she required assistance with self-administration of medication. Resident #9 required assistance for eating and total assistance with ambulation, transfer, bathing, , toileting and grooming.

On at 11:05 AM Staff D stated, "Resident # 9 requires medication administration and started on Hospice on ."

On . At 11:08 AM Staff D stated, "Resident # 9 is able to assist with transfer because she is can stand up. She walks but there are days that she refuses."

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to develop written policies and procedures to ensure that residents do not experience complications from fluctuations in air temperatures inside the facility during an emergency.

Findings included:

Review of the emergency power plan revealed that the facility did not create an emergency power plan policy. The facility developed a procedure on how to start the generator during a power outage and did not address the care of residents occupying the facility during a declared state of emergency, specifically, a description of the methods to be used to mitigate the potential for heat related injury.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 11:35 AM Staff D stated, "We just learned about the policies and procedures on a training last night."

Uncorrected 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 (E).

Findings include:

Review of Staff E's personnel record revealed she had a 6 hours limited mental health training on and a 3 hours update on . Staff did not have an updated 3 hours of training within the last two years.

On at 10:55 AM Staff D sated, "It just expired and there is no more until ."

Uncorrected Class III