STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965947	**01/29/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS IN PARADISE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4636 WEST 6TH AVENUE** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on . . . . Angels in Paradise, Inc with Limited Mental Health component, had deficiencies identified at the time of the survey:

0004 - Licensure - Requirements - 58A-5.016 FAC

Based on record review and interview, the facility failed to provide documentation of a current annual sanitation inspection.

Findings included:

Record review revealed that the facility did not have an annual health inspection on file.

On . . . at 12:45 pm, Staff A acknowledged that the facility did not have an updated health inspection.

Class III

0083 - Training - First Aid and - 58A-5.0191(5) FAC

Based on observation, record review and interview the facility failed to have a training in first aid and , , . ( ) for five of five sample staff (A,B,C,D, and E).

Findings included:

Record review revealed no documentation a first aid and/or training for Staff A,B,C,D, and E. Further review revealed that Staff A,B,C,D, and E were scheduled to work, according to the staffing pattern.

On at 9:25 Staff B confirmed that the facility did not have first aid or training documentation in the facility for Staff A,B,C,D, or E.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

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

Based on record review and interview, the facility failed to have documentation of training in Nutrition and Food Service for five of five sampled staff (A, B, C, D and E).

Findings included:

Record review revealed that Staff A - E did not have a Nutrition and Food Service certificate in the facility at time of the survey.

Interview on at 1:00 pm Staff B confirmed that there was no documentation of Nutrition and Food Service training on file for Staff A,B,C,D, or E .

Class III

0127 - Fiscal - Liability Insurance - 429.275 (3) FS; 58A-5.021(4); 624.605(1)

Based on record review and interview the facility failed to provide documentation of updated liability insurance.

Findings included:

Record review revealed that the facility did not have a signed and complete agreement of liability.

On at 12:00 pm, Staff B acknowledged that the liability insurance was not signed and complete.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to maintain structures and appurtenances in good working order.

Findings included:

Observation on at 9:30 am revealed :

The ceiling of the living room had water stains.
- # had a piece of the floor missing.
- # had the door border full of dust and at the bottom there was a dark stain.

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

The area had five boxes on the floor.
The kitchen dinning table had four chairs that had stains.

Interview on Staff F stated, "Residents sit at the area to eat."

Observation on at 12:00 pm showed Residents # sat to eat lunch at the area.

Interview on at 12:00 pm Staff A stated, "Don't be ridiculous, it stained of the backyard, where they used to be."

Class III

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

Based on record review and interview, the facility failed to have information for one of five sampled residents (#1). The facility failed also to have a doctor's order for two (#1 and 2) of five sampled residents.

Findings included:

Record review revealed that the facility did not have a log for Resident #1. Resident #1 needed administration and Resident #2 received an injection of ; however, the orders were not on file.

Interviewed on at 1:30 pm Staff A stated, "Resident 1 and 2 have home health services." In addition, Staff A confirmed that Resident #1 did not have a log.

Class III

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to have an annually updated Community Living Support Plan for one of five (#1) sampled residents .

Findings included:

Record review revealed no updated Community Living Support Plan for Resident #1.

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SUMMARY STATEMENT OF DEFICIENCIES
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Record review revealed that Resident #3's last Community Living Support Plan was dated .

Interviewed on at 1:00 pm, Staff B confirmed that Resident #1's plan was not annually updated.

Class III

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

Based on observation, record review and interview, the facility failed to ensure five of six sampled staff (A, B, C, D and E) received the required update (3 hours) on Limited Mental Health (LMH) training.

Findings included:

Observation on at 9:30 am revealed that the facility's license showed it held a standard license with the Limited Mental Health component.

Record review revealed that Staffs A-E did not have an update 3 hours Limited Mental Health (LMH) training in file. Further review revealed that Staffs A-E had more than six months working in the facility.

Interview on at 1:30 pm Staff A acknowledged that the facility did not have documentation of updated in-service for LMH on file for Staff A, B, C, D and E.

Class III

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Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview, the facility failed to maintain an updated employee roster within the background screening clearinghouse database.

Findings included:

A review of the Background Screening Clearinghouse database showed that the facility's employee roster identified Staff G as working in the facility. However, the facility's staffing pattern did not have Staff G listed.

On at 11:30 am Staff A stated, "Staff G did not work in the facility anymore, she , , a month ago."

Unclassified