STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966900	**02/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROPICAL PARADISE ALF, INC	**14112 SW 145 PLACE** **MIAMI, FL 33186**

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

0000 - Initial Comments

A standard biennial survey was conducted on . . . . . Tropical Paradise ALF, Inc. with standard license had the following deficiencies identified at the time of the survey:

0125 - Fiscal - Surety Bonds - 429.27(2) FS; 58A-5.021(3) FAC

Based on interview and record review the facility failed to have a surety bond for 1 out of 4 (Resident #4) sampled residents, who the facility was the payee for.

Findings as follow:

On . . . . . at 2:00 PM the Administrator stated the facility served as the payee for Resident #4. She reported the facility did not have a surety bond.

Record review showed the facility did not have a surety bond.

Class III

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

Based on record review and interview the facility failed to have an updated . . . .-to- . . . medical examination by a health care provider and record its results on the AHCA form 1823, after 1 out of 4 (Resident #4) sampled residents had a significant change in condition.

Findings as follow:

Record review showed Resident #4's hospice plan of care dated . . . . . stated, ... care to right heel (. .) 3xweek. Review of Resident #4's health assessment dated documented the resident had no , ...

On . . . . . at 3:00 PM the Administrator acknowledged Resident #4 had a , ... that was not documented in his health assessment.

Class III