STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967840	R 02/27/2019
NAME OF PROVIDER OR SUPPLIER **PARADISE VILLA ALF, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **21164 SW 92 PL** **CUTLER BAY, FL 33189**	

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

0000 - Initial Comments

A Abbreviated Biennial Revisit Survey was conducted on , 27, 2019. Paradise Villa Alf, Inc. with Limited Mental Health component, had the following deficiencies identified at the time of the survey:

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to complete adverse incident reports for one out of three sampled residents (Resident 2). Resident 2 sustained several with injuries and the facility did not report them.

Findings included:

Review of the facility's incident reports reported to the agency did not include that resulted of Resident 2 going to the emergency room on , , and .

A review of Resident #2's progress noted documented:
- Resident #2 fainted, rescue was called and decided to transfer her to emergency department. Physician and her representative were informed.
- Resident #2 by herself, rescue was called and paramedics decided to transfer her to hospital. She hit her at one side and has a small .
- Resident #2 by herself seated on the floor. Rescue was called to help to lift her, the didn't cause any injury and as per paramedics her vital signs were correct/well. Family member and doctors were informed.
-Resident 2 by herself walking to kitchen. She hit her and has a in the in the and left arm. Doctor was informed and ordered to be evaluated at emergency room. Family was informed. The resident was transferred to hospital as per family request.
- Resident #2 was found sleeping on the floor. Rescue was called to help lift her. She was checked by paramedics. No brush, no , good . Physician was notified and ordered half bed rails. Her family power of attorney, was informed and consented about the half bed rails.

A review of Resident 2's health assessment dated showed a medical history and diagnoses of right frontal hematoma, , high , , , , , , and , . Physical or sensory limitations: ambulates short distances with assistance. or behavioral status: awake, alert, and Oriented x 3. Nursing/Treatment/ , Service Requirements: Assistance with 5 activities of daily living. Special precautions: , , , skin , . The resident needs assistance with all activities of

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daily living. The resident needs assistance with self-administration of medications.

On , , at 11:00 AM, the Administrator stated, "I was not the administrator at that time and did not know that we were supposed to report if it happened already."

Uncorrected Class III