STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922316	R 02/27/2019
NAME OF PROVIDER OR SUPPLIER **PARAISO HOME OF MIAMI II**	STREET ADDRESS, CITY, STATE, ZIP CODE **9808 SW 147 PLACE** **MIAMI, FL 33196**	

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

0000 - Initial Comments

A standard biennial revisit survey was conducted on . . . . . Paraiso Home Of Miami II with Limited Mental Health component had the following 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 have completed health assessments for 3 out of 6 (Residents #1, #2 and #3) sampled residents.

Findings as follow:

Review of Resident #1's health assessment dated . . . . . revealed it was missing the type of diet and type of assistance resident needed with self administration of medications.

Resident #4's health assessment dated was missing the resident's physical and sensory limitations.

Resident #6's health assessment dated . . . . was missing the resident's physical and sensory limitations and type of diet needed.

On at 10:20 AM the Administrator stated that will take the assessments to the doctor to be completed.

Uncorrected Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview the facility failed to inform residents and family regarding the implementation of the emergency power plan.

Findings as follow:

Record review showed the facility had a letter in residents' records to inform them about the emergency power plan but those letters were only signed by the Administrator.

On at 10:20 AM the Administrator stated that she informed residents verbally about the

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implementation of the plan.

Uncorrected Class III