STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922316	R **04/30/2019**
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 second revisit to a biennial survey was conducted at Paraiso Home Of Miami II on . . . . . . Deficient practice was identified at the time of the survey:

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to keep medications locked at all times.

Findings included:

On . . . . . at 7:05 AM observed . . . # , which was shared by Residents #4 and #5. Over the counter unlabeled medications were observed on the dresser. While Resident #4 was in the bathroom and Resident #5 was having breakfast.

On . . . . . at 7:20 AM the Owner stated that these medication belonged to Resident #4 and he did not know why it was there.

Class III