STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969153	R 04/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE FAITH PARADISE ALF LLC	**541 BRENTFORD CT KISSIMMEE, FL 34758**

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Safe Faith Paradise on . Deficiencies were found at the time of the survey.

0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility did not obtain a complete and accurate Resident Health Assessment form (AHCA form 1823) for 2 of 4 sampled residents (#3 and 4).

Findings:

Individual resident record review revealed that:

Resident #3 had a health assessment report AHCA form 1823 not dated. According to the report he had , and .

The administrator said on at 9:30 AM that resident # 3 was hospitalized , 10, 2019 because of , which was a new diagnosis for him.

Resident # 4 was admitted on . The health assessment report AHCA form 1823 dated that listed diagnoses of , and was a double . The form did not address whether or not the resident needed 24 hour nursing or care, that portion of the assessment was blank. The continued review revealed he had been admitted to the hospital from to with a diagnosis of , a new diagnosis for him. A new health assessment report AHCA form 1823 was not available.

The administrator said on at 10 AM she overlooked the assessments and planned to get a new assessment for resident #4.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

DEFICIENCY REMAINED UNCORRECTED

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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 ensure 4 of 4 sampled residents (#1, 2, 3 and 4) contracts contained all the required information.

Findings:

Individual resident record review for residents #1, 2, 3 and 4 revealed the contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change. The contracts indicated "assessments or after a significant change whichever comes first. Significant change is defined in Rule 58A-5.0131".

The administrator said on [redacted] at 9:45 AM, that all the contracts were the same, if something was missed in a contract, then they were all missing it too.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c); 59A-35.090(2)(d)-(3)

DEFICIENCY REMAINED UNCORRECTED

Based on record review and interview the facility failed to ensure that 2 of 2 sampled personnel records (A and B) contained an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, [redacted].

Findings:

The administrator said on [redacted] at 9:30 AM, that she did not print out the attestation form, so she did not have it and if she did not have it, neither did he (B), it was the same for both.

Personnel record review for staff A, the owner /administrator revealed no evidence the completed an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, [redacted].

Personnel record review for staff B revealed a BGS result for staff B, who owned 5% interest or more, that indicated eligible as of [redacted], however there was no evidence he completed an Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, [redacted].

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NAME OF PROVIDER OR SUPPLIER **SAFE FAITH PARADISE ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 BRENTFORD CT** **KISSIMMEE, FL 34758**	

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

Unclassified