STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966551	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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

0000 - Initial Comments

A re-licensure survey was conducted at Paradise Adult Center, Inc. on , , , and was concluded on , , . Deficiencies were identified at the time of survey.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation and interview, the facility failed to offer care and services appropriately to the needs for one out of eight (Resident # 5) sampled residents.

Findings included:

On at 7:18 AM, observed Resident #4's room with a foul odor of severe .

On at 7:18 AM, Resident #4's hospice aide stated that she comes once a day to the facility to bathe Resident # 4 and change her brief. She also revealed Resident # 4's brief was full of when she had begun to bathe her.

On at 7:20 AM, Staff B stated that the hospice nurse changes Resident # 4's underwear , once a day and the staff changes her underwear , three times a day. She explained that they change the underwear , once in the late morning, once in the afternoon, and once at night time before going to bed at 6 PM. She also explained that they would change underwear pads if they sense a foul odor or if the residents make noises or start moving around a lot.

On at 2:19 PM, Staff E stated that she works really hard to make sure there are no foul odors in the resident's room and will follow up with the changing schedule.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, interview, and record review, the facility failed to encourage residents to participate in social, recreational, educational and leisure activities.

Findings included:

On from 7:00 AM to 2:50 PM, observed Residents #1, # 4, and #6, sitting in the living room

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	AL11966551	06/07/2019
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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

without engaging in any type of activity throughout the day. At 2:10 PM, observed Staff B turn on the TV.

On at 7:28 AM, an interview with Resident # 1's family member revealed that Resident # 1 "doesn't do much other than watch TV and sit on the sofa" and "wishes that she would do more since I don't live close by and can take her out".

On at 12:40 PM, Resident #4 stated "I don't do much here, except listen to music or listen to the TV".

A review of the facility's activity calendar posted on the wall for the month of indicated today's activity was Bingo from 2 PM - 4 PM.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review, and interview, the facility failed to properly follow doctor's orders for the use of bed rails for five out of eight (Residents #2 - #6) sampled residents.

Findings included:

On throughout the tour of the facility, observed full bed rails for Residents #2, #3, #5, and #6. Additionally, Resident #4's bed did not have any bed rails.

A review of Resident #2's records showed a prescription for a ½ bed rail for being diagnosed with , and Gait abnormality. Further review of the record also revealed a signed consent form to use a ½ bed rail.

A review of Resident #3's records showed a prescription for a ½ bed rail for being diagnosed with . Further review of the record revealed a signed consent form to use a ½ bed rail.

A review of Resident 4's records showed a prescription for a ½ bed rail for being diagnosed with . Her health assessment revealed that she requires assistance in ambulation, grooming, bathing, toileting, and transferring.

A review of Resident #5's records showed an expired prescription for a ½ bed rail dated . There was no documentation of a new prescription for a full bed rail. Further review of the record revealed a

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	AL11966551	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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

signed consent form to use a ½ bed rail.

A review of Resident #6's records showed a prescription for a ½ bed rail for being diagnosed with , and Major . Further review of the record revealed, a signed consent form to use a ½ bed rail.

On at 2:30 PM, the Administrator stated that he would look into all the resident's records and speak with their doctor.

Class III

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

Based on observation and interview, the facility failed to keep medication in a locked storage at all times.

Findings included:

On at 7:10AM, observed a tub of 1% cream and a box of 3 mg/ml , on top of Resident # 2's nightstand.

On at 7:18AM, observed Staff D store her own medication in her purse located in Resident # 4's closet.

On at 7:28AM, observed three red boxes in the facility's refrigerator labeled with Resident #1's, # 5's, and # 6's name. All three boxes contained a comfort kit with instruction to open in case of emergency.

On at 7:20AM, Staff D stated that she stores her medication in her purse in Resident # 4's closet because it was the first place she placed her purse when she started her shift. She explained she would store it from now on in the employee's room.

On at 2:15PM, Staff E stated that the hospice nurse went ahead and placed it in the locked refrigerator.

Class III

0076 - ( ) - 58A-5.0186 FAC

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NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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

Based on record review and interview, the facility failed to ensure that four out of five (Staff B, C, D, and E) sampled staff members were aware of which residents had a ( ). Staff were not aware that two of four hospice residents did not have a .

Findings included:

Review of Resident # 3's and Resident # 6's hospice documents revealed a yellow copy of a form. Further review of Residents # 2's and # 3's hospice documents and records not show any documentation of a form.

On at 10:53AM, Staff B stated that all four hospice residents have a form. She also stated that she's never seen how a form looks like. Staff B also explained that her first reaction if she would find a resident unresponsive is to try and save their life.

On at 11:05AM, Staff D stated that all four hospice residents have a form. She also stated that she's never seen how a form looks like.

On at 11:25 AM, Staff E stated all four hospice residents have a form. She also stated at 11:32 AM that she just spoke to Hospice and was advised that Residents # 2 and # 3 haven't signed one yet.

On at 1:54PM, Staff C stated all four hospice residents have a form.

On at 2:30PM, the Administrator stated that he would speak to his staff and go over the policies and procedures.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to obtain annual documentation of a negative examination for one out of five (Staff A) sampled staff.

Findings included:

A review of Staff A's employee records showed Staff A's last negative ( ) examination was completed on . There was no documentation of an updated exam for 2019.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966551	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

SUMMARY STATEMENT OF DEFICIENCIES
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On at 2:30 PM, the Administrator acknowledged he was missing the annual examination and stated he will get one done soon.

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to obtain an accurate staffing schedule that reflects its 24-hour staffing pattern.

Findings included:

On at 8:45 AM, Staff B stated that she does not know where the staffing schedule is. She stated it's usually posted on the facility's bulletin board, but it's not there.

On at 9:05AM, Staff E arrived to the facility with a staffing schedule for the month of .

A review of the facility's staffing schedule revealed that Staff A worked from 7 PM - 7 AM on and Staff C is scheduled to work on from 7 PM - 7 AM.

On at 1:54PM, Staff C stated that she does not have a set schedule and works different hours and different days of the week. She also explained that she is not working today ( ).

On at 10:53AM, Staff B stated that it was only her and Staff D who worked last night from 7 PM - 7 AM.

On at 2:35 PM, the Administrator acknowledged he needed an accurate staffing schedule.

Class III

0081 - Training - Staff In-Service - 58A-5.0191( ) FAC

Based on record review and interview, the facility failed to ensure one out of five (Staff C) sampled staff members received in-service trainings within 30 days of employment.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966551	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET HIALEAH, FL 33012**	

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

A review of Staff C's employee records showed Staff C was hired on and did not have any documentation that Staff C completed an hour training in Elopement Response, Reporting Major Incidents, Reporting Adverse Incidents, Facility Emergency Procedures, and Incident Reporting.

On at 2:30PM, the Administrator stated that he would work on Staff C's missing training.

Class III

0082 - Training - / - 58A-5.0191(4) FAC

Based on record review and interview, the facility failed to ensure one out of five (Staff C) sampled staff members received / training within 30 days of employment.

Findings included:

A review of employee records showed Staff C was hired on and it did not have any documentation that Staff C completed a one-time education course on and .

On at 2:30PM, the Administrator stated that he would work on Staff C's missing training.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, interview, and record review, the facility failed to follow its menu. The facility also failed to maintain a 3-day supply's worth of meals consisting of the major 5 food groups for its census of 6 residents of non-perishable foods in the case of an emergency. Furthermore, the facility failed to keep 6 months' worth of previous menus on file.

Findings included:

1) A review of the facility's menu posted revealed the scheduled lunch consisted of 8 oz. of chicken soup with ½ cup of vegetables, ½ cup of rice with 3 oz., of chicken, ½ cup of ripe bananas, and 4 oz. vanilla pudding/sugarfree vanilla pudding. No substitution remarks were made to the menu. Additionally, there was no documentation of the facility's menus available from through .

On at 11:30AM, lunch observation showed the residents were served 8 oz. of chicken soup with ½ cup of tomatoes, ½ cup of rice with 3. Oz. of chicken, ½ cup of boiled yucca, and 4 oz. of vanilla

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	AL11966551	06/07/2019
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

pudding. The residents were not served ½ cup of ripe bananas.

On at 11:35 AM, Staff B stated that the catering company did not bring the ripe bananas and brought the boiled yucca instead.

On at 1:40PM, Staff E stated "I do not have the previous 6 months' worth of menus because I just finished completing the nutrition course and learned I had to keep them on file".

2) On at 1:50PM, observed the facility's emergency food supply and there were less than 12 servings of fruits, vegetables, dairy products, and starches per day. In addition, there were expired sources of sardines, milk, beans, and starches for more than 2 months.

On at 1:40PM, Staff E also explained that she would tell the Administrator to go shopping for more food supply and fix the menus.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure all plumbing systems were maintained in good working order.

Findings included:

On at 11:35 AM, observed the bathroom's faucet, toilet seat, and toilets' flusher handle loose.

On at 11:40AM, Staff E stated "That's weird, we just repaired it". At 2:38 PM, the Administrator stated that he would get it fixed.

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and interview the facility failed to have an updated admission and discharge log for two out of eight (Resident #7 and #8) sampled residents.

Findings included:

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NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

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A review of the facility's admission/discharge log revealed Resident # 7 and Resident # 8 did not have a date of discharge and place to which the resident was discharged to. Resident # 7 also did not have a reason for discharge.

On at 2:15PM, Staff E stated that she was not here during the time the residents were discharged and would update the log.

Class III

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

Based on record review and interview, the facility failed to verify all information was completed on a health assessment for two out of eight (Residents #3 and #4) sampled residents. The facility also failed to maintain a semi-annual record for three out of eight (Residents #1 and #4) sampled residents.

Findings included:

1) A review of Resident # 3's records showed her last health assessment was completed on ; however, the health assessment was not signed by the healthcare physician.

A review of Resident # 4's records showed her last health assessment was completed on ; however, the health assessment was signed by the healthcare physician. Further review of the records revealed that her last recorded was on .

On at 2:20PM, Staff E explained that her fax/printer broke and had to have the signed health assessments faxed to her home.

2) A review of Resident # 1's records showed her last recorded was on . There was no documentation of a recent recording.

On at 2:20PM, Staff E stated that she would start updating the resident's record by length for hospice residents and for the non-hospice residents.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on record review and interview, the facility failed to obtain services necessary to maintain, and

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	AL11966551	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **PARADISE ADULT CENTER, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **480 WEST 66 STREET** **HIALEAH, FL 33012**	

SUMMARY STATEMENT OF DEFICIENCIES
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test the equipment and its functions to ensure the safe and sufficient operation of their alternative power source. The facility also failed to have working monoxide detectors.

Findings included:

A review of the facility's Emergency Power Plan revealed an empty log that is used to document dates the facility tested the generator to ensure it works.

On at 11:55AM, Staff E explained that this is the first month they will be starting to test their fixed generator. Staff E stated that throughout the previous months, the generator company has been keeping their own log every time they come to test the generator.

On at 12:05PM, Staff E stated that they do not currently have working monoxide detectors because the administrator has yet to replace their batteries.

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(9) FAC

Based on record review and interview, the facility failed to ensure two out of five (Staff A and C) sampled staff members received a minimum of 3 hours of continuing education in working with individuals with mental health diagnoses.

Findings included:

A review of Staff A's employee records showed Staff A was hired on and his last Limited Mental Health (LMH) training was completed on . There was no documentation Staff A received an additional 3 hours of continuing education in 2018.

A review of Staff C's employee records showed Staff C was hired on and her last LMH training was on . There was no documentation Staff C received an additional 3 hours of continuing education in 2019.

On at 2:30PM, the Administrator stated that he is going to take the continuing education course so he can provide the training to Staff C.

Class III