

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922316	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 07/08/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PARAISO HOME OF MIAMI II

**9808 SW 147 PLACE
MIAMI, FL 33196**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A third revisit to a biennial survey was conducted at Paraiso Home of Miami II on _____ and concluded on _____. Deficiencies were identified at the time of the survey.	{A 000}		
A 004 SS=D	58A-5.016 FAC Licensure - Requirements (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 58A-5.0161, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 58A-5.0161, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. "Contiguous property" means property under the same ownership	A 004		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER PARAISO HOME OF MIAMI II			STREET ADDRESS, CITY, STATE, ZIP CODE 9808 SW 147 PLACE MIAMI, FL 33196		
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A 004	Continued From page 1 separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part II, Chapter 408, F.S., Part I, Chapter 429, F.S., Rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Part II, Chapter 408, F.S., Section 429.14, F.S., and Rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have proof of a satisfactory annual sanitation and fire inspection. Findings Include: Facility's record review showed the sanitation inspection was dated _____ and the fire inspection dated _____ had two violations. Interview conducted on _____ at 11:45 AM, Staff B stated that the facility had a current sanitation inspection and a satisfactory fire	A 004			

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A 004	Continued From page 2 inspection but he was unable to provide the documentation at the time of the survey. On the facility faxed a copy of a corrected fire inspection dated and satisfactory health inspection dated . Class III		A 004		
A 127 SS=D	429.275 (3) FS; 58A-5.021(4); 624.605(1) Fiscal - Liability Insurance 429.275 (3) The administrator or owner of a facility shall maintain liability insurance coverage that is in force at all times. 58A-5.021 (4) LIABILITY INSURANCE. Pursuant to Section 429.275, F.S., facilities must maintain liability insurance coverage, as defined in Section 624.605, F.S., that remains in force at all times. On the renewal date of the facility's policy or whenever a facility changes policies, the facility must file documentation of continued coverage with the Agency Central Office. Such documentation must be issued by the insurance company and must include the name and street address of the facility, a reference that the facility is an assisted living facility, the facility's licensed capacity, and the dates of coverage. 624.605 (b) Liability insurance.-Insurance against legal liability for the , injury, or , of any human being, or for damage to property, with provision for medical, hospital, and surgical benefits to the injured persons, irrespective of the legal liability of the insured, when issued as a part		A 127		

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A 127	Continued From page 3 of a liability insurance contract. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have a current liability insurance. Findings Include: Facility's record review showed the liability insurance expired on . Interview conducted on at 11:45 AM, Staff B stated that he was unable to obtain a new liability insurance because they had an unsatisfactory report. Class III	A 127			