Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967840	A. BUILDING: _____ B. WING _____	R 07/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE VILLA ALF, INC	21164 SW 92 PL CUTLER BAY, FL 33189

(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
{AL243} SS=D	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and	{AL243}		

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{AL243}	Continued From page 1	{AL243}		

managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule.
2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics:
a. Mental health diagnoses; and,
b. Mental health treatment such as:
(I) Mental health needs, services, behaviors and appropriate interventions;
(II) Resident progress in achieving treatment goals;
(III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and,
( ) Crisis services and the procedures.
3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule.
4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.
(b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files.

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{AL243}	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility with a limited mental health license (LMH), failed to ensure one (Administrator) out of three sampled employees obtained three hours of continued education training in LMH every two years. Findings: A review of the Administrator's personnel records showed the three hours of continued training every two years expired on . Interviewed on at 10:07 AM the Administrator stated that they just completed 12 hours of continued education training in CORE and received training in LMH. However, a review of the 12 hours of continued education in CORE found no limited mental health training listed as part of the content. Class III	{AL243}		

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A 182 SS=G	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure Staff B and Staff C (Caregivers) were capable in the implementation of the emergency plan for six out of six sampled residents. The facility failed to ensure Staff B & C could operate the generator to maintain the room temperatures at or below 81 degrees in the event of the loss of primary power for a minimum of 48 hours and refrigeration of the . Findings: Observation on at 6:52 AM Staff B and C were alone with six residents. Observation on at 7:22 AM Staff B walked up to the generator and only pulled the chord several times but was unable to start the portable generator. A review of Staff B's personnel records showed one hour of emergency preparedness and evacuation and sheltering training on . Observation on at 7:23 AM Staff C	A 182		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 182	Continued From page 1 was also unable to start the portable generator. A review of Staff C's personnel records showed one hour of emergency preparedness and evacuation and sheltering training on . Interviewed on at 10:07 AM during the exit conference, the Administrator stated that Staff C was not given any more chances to start the generator. The Administrator stated further that she (Administrator) posted instructions to start the generator in the employees' room and in the dining area for them to know how to start the generator. The Administrator stated that they need to know. A review of Resident #4's health assessment dated showed a diagnosis of Type 2 with , , angiopathy. Observation on at 8:44 AM Home Health Nurse arrived to provide administration for Resident #4 after retrieving from the refrigerator. The U.S. Food & Drug Administration states: " from various manufacturers is often made available to patients in an emergency and may be different from a patient's usual . After a disaster, patients in the affected area may not have access to refrigeration. According to the product labels from all three U.S. manufacturers, it is recommended that be stored in a refrigerator at approximately 36°F to 46°F. Unopened and stored in this manner, these products maintain potency until the expiration date on the package." The Hurricane season began on and will end on . According to the Florida Disaster database, Hurricane Season is the time	A 182		

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A 182	Continued From page 2 of the year when tropical cyclones, tropical , , tropical storms, and hurricanes develop. Class II	A 182		
{A 000}	Initial Comments A revisit survey was conducted on at Paradise Villa ALF Inc. The provider had deficiencies at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and	{A 025}		

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{A 025}	Continued From page 3 services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review an interview, the facility failed to provide personal supervision for two (Residents #2 & #4) out of six sampled residents. Findings: 1)	{A 025}		

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{A 025}	Continued From page 4 Observation on at 7:54 AM Resident #4 out from home unassisted into the common area. Observation on at 7:56 AM Staff B (Caregiver) escorted Resident #4 by arm to the room. Observation on at 9:32 AM Resident #4 left dining table without any assistance and into the common area without assistance. Interviewed on at 9:59 AM when asked for the correction plan to prevent elopements, the Administrator stated to provide supervision and the use of assisted devices. The Administrator stated, "I implemented an alarm in the rooms and bathrooms and bed, but more supervision." A review of Resident #4's health assessment dated showed diagnoses of . The physical status showed uses a walker for mobility, and walking with difficulty. The activities of daily living showed assistance needed with ambulation, bathing, , self-grooming, , toileting, transferring, and supervision with eating. 2) Observation on at 9:20 AM Resident #2 unsupervised, poured half of the cup of orange juice into her dry cereal (cornflakes) bowl. A review of Resident #4's health assessment dated showed a diagnosis of . The status showed moderate . The activities of daily living showed supervision with eating, and assistance with	{A 025}		

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{A 025}	Continued From page 5 ambulation, bathing, _, self-care, toileting and transferring. Class III	{A 025}		
A 036 SS=D	59A-36.007(10) CONTROL PROCEDURES (10) CONTROL PROCEDURES. Facilities must provide services in a manner that reduces the risk of transmission of (a) The facility must implement a hygiene program before and after the provision of personal services to residents whenever there is an expectation of possible exposure to materials or . . hygiene may include the use of -based rubs, , handwash, or handwashing with soap and water. (b) Standard precautions must be used when there is an , exposure to transmissible agents in , , , , nonintact skin, and mucuous during the provision of personal services. Standard precautions include: hygiene, and dependent upon the exposure, use of gloves, gown, mask, , protection, or a shield. (c) The facility must clean and reusable medical equipment and communal assistive devices that have been designed for use by multiple residents before and after each use according to the manufacturer's recommendations. This Statute or Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to ensure Staff C (Caregiver) provided services in a manner that	A 036		

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A 036	Continued From page 6 reduces the risk and transmission of for two (Residents #1 & #6) out of four sampled residents. Findings: Observation on at 7:11 AM Staff C offered medications to Resident #5 while wearing gloves. Observation on at 7:16 AM in # , Staff C wearing the same gloves popped medications from the packs and offered the medications to Resident #1. Observation on at 7:23 AM while wearing the same gloves, Staff C attempted to start the generator. Observation on at 7:28 AM without changing gloves and washing from attempting to start the generator, Staff C popped medications from packs and offered medications to Resident #6. Observation on at 7:33 AM Staff C observed removed gloves. Interviewed on at 10:07 AM during the exit conference, the Administrator acknowledged that the employee did not washing between residents and after attempting to start the generator. A review of the facility's control policy states: "Employee's must be washed at least 20 seconds using soap and water. Before and after the provision of personal services to residents."	A 036		

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A 036	Continued From page 7 Class III	A 036		
{A 052} SS=D	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	{A 052}		

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{A 052}	Continued From page 8 (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered	{A 052}		

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{A 052}	Continued From page 9 administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	{A 052}		

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{A 052}	Continued From page 10 medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure Staff C orally advise three (#1, #5, #6) out of six sampled residents who needed assistance with self-administration of medications of the names and dosage of each medication. The facility failed to ensure medication waivers for Residents #1, #5, & #6 were updated and listed the names of each medication and dosage taken. Findings:	{A 052}		

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{A 052}	Continued From page 11 Observation on at 7:11 AM Staff C offered medications to Resident #5 without orally advising the resident of the name and dosage of each medication. A review of Resident #5's signed medication waiver to opt out of being orally advised of the name and dosage of each medication, found no listed medications and dosage as required, only a note to refer to the MOR. Observation on at 7:16 AM Staff C offered medications to Resident #1 without orally advising the resident of the naming and dosage of each medication. A review of Resident #1's signed medication waiver to opt out of being orally advised of the name and dosage of each medication, found no listed medications and dosage as required, only a not to refer to the MOR. Observation on at 7:28 AM Staff C offered medications to Resident #6 without orally advising the resident of the name and dosage of each medication. A review of Resident #6's signed medication waiver to opt out of being orally advised of the name and dosage of each medication, found no listed medications and dosage as required, only a note to refer to the MOR. Interviewed on at 10:07 AM during the exit conference, the Administrator stated, "The waiver says, refer to the MOR." The Administrator stated that it was a double bureaucracy.	{A 052}		

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{A 052}	Continued From page 12 Class III	{A 052}		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known ... the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical ..., the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and	{A 054}		

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{A 054}	Continued From page 13 interview, the facility failed to ensure Staff C (Caregiver) immediately updated the medication observation record for two out of six sampled residents who needed assistance with self-administration of medications. Findings: Observation on at 7:11 AM Staff C popped medications from packs and place each into a small receptacle and offered the medications to Resident #5. However, Staff C never updated the MOR immediately after the resident swallowed the medications. Observation on at 7:13 AM the Administrator arrived at the facility. Observation on at 7:16 AM in # , Staff C offered medications popped from packs and offered the medications to Resident #1. However, Staff C never updated the MOR immediately after Resident #1 swallowed the medications. Observation on at 7:20 AM the Administrator reminded Staff C to sign the MOR. A review of Staff C's personnel record showed six (6) hours of assistance with self-administration of medication training and two (2) hours of continuing education training annually on The facility's medication policy signed by Staff C dated revealed: "the designated staff member shall keep a record of when a resident received assistance with self-administration of medication by initialing the MOR sheet each time each medication is self-administered to the	{A 054}		

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{A 054}	Continued From page 14 resident." Class III	{A 054}		
A 058 SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185,	A 058		

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A 058	Continued From page 15 F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to correct two class III deficiencies, which involved assistance with self-administration of medications and not immediately updating the medication observation after the medications were given. The facility failed to ensure the signed medication waivers listed the name and dosage of each medication	A 058		

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A 058	Continued From page 16 prescribed for Residents #1, #5, #6. Staff C failed to update the medication observation record (MOR) each time the medications were offered. Therefore, the facility is required to contract the services of a licensed pharmacist or registered nurse who will provide at least quarterly consultation until the Agency for Health Care Administration determines that these services are no longer needed. Findings: A record review showed the facility was cited on for assistance with self-administration of medications and a staff not immediately updating the MOR after the medications were given. Observation on at 7:11 AM Staff C offered medications to Resident #5 without orally advising the resident of the name and dosage of each medication, Staff C did not update the MOR immediately, and the medication waiver was incomplete. Observation on at 7:16 AM Staff C offered medications to Resident #1 without orally advising the resident of the naming and dosage of each medication, Staff C did not immediately update the MOR, and the medication waiver was incomplete. Observation on at 7:28 AM Staff C offered medications to Resident #6 without orally advising the resident of the name and dosage of each medication, Staff C did not immediately update the MOR, and the medication waiver was incomplete. Interviewed on at 10:07 AM during	A 058		

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A 058	Continued From page 17 the exit conference, the Administrator acknowledged that a nurse or pharmacist must be hired to consult due to the uncorrected medication deficiencies. Class III	A 058		
{A 078} SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	{A 078}		

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{A 078}	Continued From page 18 (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based observation, record reviews and interviews, the facility failed to ensure two (Staff B & C Caregivers) out of three sampled employees were capable in describing , , ( ) techniques consistent with	{A 078}		

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{A 078}	Continued From page 19 the level of education, training, preparation, and experience. Findings: Observation on at 6:53 AM Staff B and C were supervising and assisting six residents, including four residents who wished to be in the event of becoming unresponsive. Interviewed on at 8:10 when asked to describe , Staff C stated she would do 30 breaths and two , . Staff B stated that she would put the resident on the floor and do 30 , and two breaths. Staff C never stated that she (Staff C) would check the , and check breath for breathing. When asked to describe what she would do for a choking victim, Staff C stated that she would put her around and try to make the abdomen lift. When asked how many residents had a do not order ( ), Staff C stated two residents but was unable to identify the residents. A review of Staff C's personnel records showed training on and ( ) training on . A review of Resident #1's records found a signed dated . A review of Resident #2's records found a signed dated . Interviewed on at 9:16 AM when asked to describe , Staff B stated 30 , and two breaths. Staff B stated that was to when someone [was] unresponsive. Staff B stated that she would	{A 078}		

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{A 078}	Continued From page 20 check for vitals and start . Staff B stated that she would start with 30 , and two breaths until the patient was breathing normal. Staff B never stated that she would continue until 911 arrives. When asked what she would do with a choking victim, Staff B stated that she would do thrusts. Staff B was unable to describe what she would do if the resident became unresponsive when choking. When asked how many residents had a order, Staff B stated, ["Residents #1, and #2"]. A review of Staff B's personnel records showed training on . Interviewed on at 10:07 AM during the exit conference, the Administrator stated, "They did not explain what to do." The Administrator stated that she (Administrator) posted brochures on , practicing, drills, and videos from the American Association. According to the American Association, "For healthcare providers and those trained: conventional using , and -to- breathing at a ratio of 30:2 , -to-breaths." According to the Cleveland Clinic states the following when dealing with a choking victim: "stand to the side and hit behind the person. Kneel if it's a small child. Lean the person slightly forward, use your nondominant to gently support the person's . This means if you're handed, use your left for support. Use the heel of your dominant to strike the area between their blades. This is called a blow or slap, Do up to five of these. Between each one, pause to see if the object has come out. If five blows aren't enough, do up	{A 078}		

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{A 078}	Continued From page 21 to five adnominal thrusts. This is also called [thrust]. You make a fist with one and clasp your other around it. Place your between the person's belly button and cage and push inward and upward. Don't attempt this unless you're trained. If the person is still choking, repeat this sequence of five blows and five thrusts until the object comes out or medical help arrives. If the person goes at any point before help arrives, begin if you are able." According to Florida Health, " is a form or patient identification device developed by the Department of Health to identify people who do not wish to be in the event of , , or ." Class III	{A 078}		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent	A 093		

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A 093	Continued From page 22 possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the	A 093		

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A 093	Continued From page 23 facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity.	A 093		

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A 093	Continued From page 24 The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation record review and interview, the facility failed to follow the posted menu approved by a registered dietitian. The facility failed to make noted substitutions before or when the meal was served. Findings: Observation on at 9:30 AM Residents #1, #2, #3, #4, & #5 were served cereal, juice, bread with cream cheese spread and ham. However, cream cheese spread was not substituted for margarine, a cup of milk was not served and ham was not added. A review of the posted menu approved by a registered dietitian showed cereal, juice, milk bread and margarine. Interviewed on at 10:07 AM during the exit conference, the Administrator stated that it was soft bread. The administrator stated that it was a spread of cream cheese and ham. The Administrator stated further that it was coffee with milk. Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

Agency for Health Care Administration

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A 152	Continued From page 25 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by:	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11967840	A. BUILDING: _____ B. WING _____	R 07/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARADISE VILLA ALF, INC	21164 SW 92 PL CUTLER BAY, FL 33189

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A 152	Continued From page 26 Based on observation and interview, the facility failed to ensure a safe and living environment, free of hazards for six out of six sampled residents. Findings: Observation on at 6:57 AM found key in laundry room door and residents having access to room, including stored chemicals. Photographic evidence obtained. Observation on at 7:00 AM found employee room unlocked with a bottle containing tablets and accessible to residents. Observation on at 7:21 AM found old pieces of wood and debris near house in the rear. Interviewed on at 10:07 AM during the exit conference, the Administrator acknowledged that unlocked staff supplements and residents having access to chemicals were an issue. Class III	A 152		