STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966313	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Villa Retirement Home At Pembroke Pine	1145 Nw 92 Ave Pembroke Pines, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Paradise Villa Retirement Home at Pembroke Pines. The facility had deficiencies found at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, interview and record review, the facility failed to ensure that a resident ' s Health Assessment (AHCA Form 1823) was updated upon significant changes, and that it was reflective of current diagnoses and care needs and that a resident was assessed for continued appropriateness, , for 1 out of 6 sampled residents (Resident #5).

The findings include:

During lunch observation on / at 12:30 PM, it was noted that Resident #5 was fed by Employee C. An immediate interview with Employee C revealed that Resident #5 is no longer able to self-feed or take her own medication. She said that "the resident has to be fed and be given her medications".

Review of Resident #5's AHCA form 1823, revealed that the initial assessment was done on 30, 2012. The resident diagnoses were , , and functional Decline. The current Health Assessment dated / reveled that the resident suffers from , and . However, it did not reflect the resident's current needs for activities of daily living. The Physician noted that the resident needed assistance with ambulation, bathing, dressing, eating, self-Ccre ( ), transferring and assistance with self-administration of medications. During lunch observation the resident was fed and she was able to take her own medications that were given to

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her.

During an interview with the Administrator on at 3:00 PM, she reported that the resident ' s health declined and that she is no longer able to feed herself and take her own medication. She acknowledged the findings and said that she will have the physician update the Resident's Health Assessment AHCA Form 1823 as it was not accurate or reflective of the resident's current condition or care needs.

Class III

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

Based on interview and record review, the facility failed to ensure that food served to 1 out of 6 sample residents (Resident #6) was safe and had palatable temperatures.

The findings include:

During Lunch observation on at 12:30 PM, Resident # 6 was observed complaining that her food was . . '. At the residents ' request, Employee B immediately reheated the food in the microwave. After a few unknown minutes, the food was returned to the Resident who exclaimed " it ' s too hot " .

Staff B immediately replied and said that it was not. This surveyor asked her how she knew that the food was not hot. She said because it was not in the microwave for a long time. Meanwhile, heat vapor was observed coming from the food.

An interview with the resident confirmed that she was able to identify whether the food was hot or . But, she continuously kept on repeating that it was hot as she consumed the food.

Review of the Resident's Health Assessment revealed that she was admitted on / and suffers from , and .

During a follow up interview with Staff B at 2:00 PM, she was asked how she ensured the food was not too hot or was at the right temperature. She said that she would use a thermometer. However, after she

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obtained the thermometer, she was not able to use it properly. She broke into tears and said that she could not remember how to use it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Paradise Villa Retirement Home At Pembroke Pines
1145 NW 92 Ave
Pembroke Pines, FL 33024

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within ***thirty days*** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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