

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966313	(X3) DATE SURVEY COMPLETED 09/21/2018
NAME OF PROVIDER OR SUPPLIER PARADISE VILLA RETIREMENT HOME AT PEMBROKE PINE	STREET ADDRESS, CITY, STATE, ZIP CODE 1145 NW 92ND AVENUE PEMBROKE PINES, FL 33024	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Relicensure survey was conducted on _____ at Paradise Villa Retirement Home at Pembroke Pines, License #10545. The facility had deficiencies identified at the time of the visit. 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review, observation and interviews, the facility failed to ensure that the medication observation record (MOR) reflected that 6 of 6 residents (Resident #1, 2, 3, 4, 5 & 6) received assistance to take their physician prescribed medications. The findings included: On _____ at 9:00 AM, upon reviewing the MORs for _____, 2018, it was noted that none of the residents who had medications scheduled for the morning (7:00 AM) had received their medication as indicated by the lack of signature on the MOR for that morning (Photographic evidence obtained). However, during an interview with Employee B who performed that task at 10:33 AM on _____, it became apparent that she had given the medications but failed to sign the MOR. Immediately after informing this writer that she had given the medications to the residents, she proceeded to sign the MOR post factum. When approached and confronted on that factual evidence, she acknowledged that she was signing the medication observation record because she had forgotten to do so earlier when she gave the residents their medications. During an interview with the Administrator on _____ at about 3:00 PM, she stated that she had given the aides training on how to perform this task numerous times and provided no additional information. Class III 0200 - Emergency Environmental Control - 58A-5.036 FAC Based on records review and interview, the facility failed to have an approved emergency environmental control plan (EECP) as per regulations and the deadline of _____, 2018. The findings include: On _____, review of the facility's work plan provided by their contractor revealed that the generator was delivered to the facility on _____. The document also revealed that 3 electrical inspections would		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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have been completed by _____, 2018. In addition, a letter from the Agency for Healthcare Administration to the facility dated _____ confirmed receipt of the facility's emergency plan. However, during an interview with the facility's owner on _____ at 4:00 PM, she openly reported that the plan was not yet approved. She reported that the county has not yet completed the final inspection of their EECF. Moreover, observation and tour of the facility revealed no _____ monoxide had been installed at the facility. The owner who contacted the contractor thereafter this observation received information that it was the facility's responsibility to have the _____ monoxide installed and not the contractor's. Class III		