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
	AL11968935	A. BUILDING: _____ B. WING _____	R 10/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST RIDGE RETIREMENT VILLAGE, INC	19225 SW 87TH AVE MIAMI, FL 33157

(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 Second Revisit survey to Complaint Investigations numbered 2019017176, 2019018174 and 2019019078 was conducted at East Ridge Retirement Village, Inc on 09/29/20 through 10/22/20. Deficiencies were identified at the time of survey:	{A 000}		
A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services,	A 031		

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A 031	Continued From page 1 the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to require third party service providers to coordinate with the facility regarding three out of six sampled residents' conditions (Resident#18, Resident#44, and Resident#48). Residents had two health assessments onsite, one required by the facility and completed by a physician and another completed by third party providers. The assessment did not match. Findings included: A review of the Memory Unit Hospice Resident List on showed that Residents #18, 44, and 48 were under hospice care. 1) A review of Resident #18's Health Assessment for Assisted Living Facilities dated showed medical history and diagnoses of , COVID-19 (resolved), frequent , ( ), and . The resident needed and safety precautions. Diet: Regular Puree Diet. The resident needed assistance with the following Activities of Daily Living (ADL): ambulation, bathing, eating, self-care (grooming), toileting, and transferring. The resident needed medication	A 031		

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A 031	Continued From page 2	A 031		

administration. The resident was admitted to hospice on .

A review of Resident #18's Hospice Certification and Plan of Care dated on indicated that the resident has the following medical diagnosis: with , Bodies and Degenerative of Nervous System. Nutritional Requirement: Puree with supplements. Safety Measures: , precautions, COVID-19 precautions, preventions, precautions, patient is non-verbal, and standard precautions.

2)
A review of Resident#44's Health Assessment for Assisted Living Facility dated on indicated that the resident had medical history and diagnoses of , . Special Precautions: precautions. Diet: Regular mechanical soft. The resident needs assistance for the following ADL's: ambulation, bathing, , eating, self-care (grooming), toileting, and transferring. Resident#44 needs medication administration. The resident was admitted to hospice on .

A review of Resident#44's Admissions Orders/Hospice Certification dated on indicated that the resident had diagnoses of 's and ( ). Level of Care: routine home care. Level of Activity: as tolerated. Diet: Regular, mechanical soft.

3)
A review of Resident #48's Health Assessment dated on showed medical history and diagnoses of History of left , , , , , and

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A 031	Continued From page 3 . Special precautions: and safety precautions. Diet: Regular. The resident needs assistance with the following ADL's: ambulation, bathing, , eating, self-care (grooming), toileting, and transferring. The resident needed medication administration. The resident was admitted to hospice on . A review of Resident #48's Hospice Certification and Plan of Care dated showed that the resident had diagnoses of Degenerative of Nervous System Unspecified, , Essential , Unspecified , of Unspecified part of of right , need for assistance with personal care, , , and . Safety Measures: , Precautions, precautions, COVID precautions, precautions, control measures, precautions, precautions, safety precautions, standard precautions, and swallowing precautions. The Nutritional Requirements showed: Pureed with supplements. In an interview with the on at 11:06 AM, the Memory Unit Supervisor stated that there should be better communication between the facility and the hospice providers. She acknowledged that there were discrepancies between the facility Health Assessment Record and the hospice documentation. Class III	A 031		
{A 054} SS=D	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS.	{A 054}		

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{A 054}	Continued From page 4 (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 interview, the facility failed to immediately update the Medication Observation Record after medication administration for two out of six sampled residents (Residents #3 and Resident #6).	{A 054}		

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{A 054}	Continued From page 5 Findings include: At approximately 9:20 AM on [redacted], License Practical Nurse B (LPN-B) stated that he needed to initial two Medication Observation Records. He stated the two residents had already received their morning (AM) medications. It was noted that these two 'Nurse's Medication Records' forms were not signed by LPN-B. A review of Resident#3's Nurse's Medication Record on [redacted] at 9:22 AM, showed that none of her [redacted] morning medications were signed/initial by the LPN-B. The scheduled medications were: 1. Carb/Levo tab 10-100 mg one tab by three times a day (9:00 AM) 2. DOK cap 100 mg one capsule by twice a day (9:00 AM) 3. [redacted], 10 mg by [redacted] once a day (9:00 AM) 4. [redacted] 28 mg ER one capsule by once a day (9:00 AM) 5. [redacted], [redacted] 20 mg one capsule by each day (6:30 AM) 6. Sentry Tab Senior one tab each day (9:00 AM) 7. [redacted] 50 mg one tab each day (9:00 AM) A review of Resident#6's Nurse's Medication Record on [redacted] at 9:22 AM, showed that the resident's [redacted] morning medications were not signed/initial by the LPN-B, including: 1. CO Q-10 Cap 100 mg one capsule by once daily (9:00 AM) 2. [redacted] 20 mg on tab by [redacted] once daily (9:00 AM) 3. [redacted], [redacted] 5 units SQ three times a day (8:00 AM) 4. [redacted] 20 units SQ every morning (8:00 AM)	{A 054}		

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{A 054}	Continued From page 6 5. . . . . 20 mg one capsule once daily (6:30 AM) 6. Mighty Shakes by . . . three times daily (9:00 AM) 7. . . . . 3.125 mg one tab twice a day (9:00 AM) 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)	A 058		

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A 058	Continued From page 7 (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, 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 a previous medication record deficiency. The facility is	A 058		

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A 058	Continued From page 8 required to employ or contract the services of a licensed pharmacist, or a licensed registered nurse in order to develop and implement a corrective action plan. The facility is required to employ a registered nurse to, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. Findings include: A review of survey history showed that the facility was cited on for deficient practices regarding Medication Records. A review of survey history showed that the facility was cited on for uncorrected deficient practices regarding Medication Records. Observations, record review and interview on showed that the facility again had deficient practices regarding Medication Records (Cross reference A0054). Class III	A 058		
A 093 SS=G	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, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary	A 093		

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A 093	Continued From page 9 Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent 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	A 093		

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A 093	Continued From page 10 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 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 [illegible] the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be	A 093		

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A 093	Continued From page 11	A 093		

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. 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 ensure that it could provide a therapeutic diet prepared and served as ordered by the health care provider for one of six sample residents (Resident #48). A physician's order for a puree diet as well as a regular diet were kept on file for Resident #48 and a regular diet was served.

Finding include:

A review of Resident #48's Health Assessment dated showed medical history and diagnoses of: History of left , , and . The health assessment showed that the resident needed Regular Diet.

A review of Resident #48 Hospice Certification and Plan of Care dated on showed diagnoses of Degenerative of Nervous System Unspecified, ,

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A 093	Continued From page 12	A 093		

Essential , Unspecified , of Unspecified part of of right , need for assistance with personal care, , and . Safety Measures included: , Precautions and swallowing precautions. According to the nutritional requirements: Resident #48 required a Puree with supplement diet.

Further review of Resident # 48's records showed that the same physician who signed the health assessment dated indicating that the resident needed a regular diet had also signed the hospice Certification and Plan dated indicating that the resident needed a puree diet.

A review of the Memory Support Resident Diet List on showed that Resident #48 had an order for Regular Diet with regular texture.

In an interview on at 11:06 AM, the Memory Unit Supervisor stated that Resident #48 's diet order was taken from the Health Assessment Record (AHCA Form 1823,). She stated that the current diet order for Resident #48 was a Regular Diet and not a Puree Diet.

In an interview with Resident #48's Private Home Health Aide on at 12:33 PM, he stated that the resident did not have trouble swallowing, but at times he coughed when eating.

On at 12:36 PM, Resident #48 received his lunch. The diet was observed to be a Regular Diet and not a Puree Diet. The Memory Unit Supervisor was notified of the situation and she verified that the diet that Resident #48

Agency for Health Care Administration

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A 093	Continued From page 13 received was a Regular Diet. On [redacted] at 12:55 PM, the Memory Unit Supervisor provided a physician order from Resident #48 physician indicating that the resident has an order for a Regular Diet. The letter was sent to the facility during the inspection. In an interview with Resident #48's physician on [redacted] at 12:45 PM, the physician states that Resident #48 was never on a puree diet. He stated the resident was on a Regular Diet on [redacted]. The Physician also stated as of [redacted], the resident's diet was changed from a Regular Diet to a Puree Diet due to swallowing difficulties. Class II	A 093		