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 03/29/2021

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 third revisit survey to Complaint Investigations numbered 2019017176, 2019018174 and 2019019078 was conducted at East Ridge Retirement Village, Inc on through . A deficiency were found to be uncorrected a the time of the survey.	{A 000}		
A 027 SS=D	59A-36.007(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to health care as needed, the facility must: (a) Assist residents in making and remind residents about scheduled , , for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation. (c) The facility may not require residents to receive services from a health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to arrange immediate health care services for one out of 40 (Resident #38) sampled resident. Resident #38 and was unable to ambulate due to left . The resident was transferred to the hospital 14 hours after the , and was found to have a broken . Findings include: Record review of the facility's policies and procedures revised on revealed that	A 027		

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

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A 027	Continued From page 1 after a . "If there is an evidence of injury, provide appropriate first aid and/or, based upon severity of injury, call 911." Hospital record review for Resident #38 revealed the resident was transferred to the hospital by Fire Rescue on . . . . . at 8:25 AM after the resident in the facility 14 hours ago. The resident received . . . medication prior to arrive to the hospital, because had severe left side . . . and inability to walk. According to Centers for . . . Control and Prevention, "Pharmaceutical . . . is a synthetic . . . approved for treating severe . ." The resident had left , surgery at the hospital. Progress notes for Resident #38 revealed the resident was walking toward kitchen without his walker as he turned around to walk . . to table when he lost his footing and on his left side on . . . . . at 6:20 AM. His , hit the floor and his . bumped the wall. There was a small open area noted on left frontal area and three noted on left . Resident was assisted to standing position and attending to ambulate. Resident complained of , to left , area and was assisted to sitting position. Resident's physician and Power of Attorney (POA) were notified. The physician ordered an , and , 325 mg take two tables every six hours as needed for , . Adverse incident report revealed Resident #38 in the kitchen when he was walking without his walker on . . . . . at 6:20 PM. The resident had a small open area ( ) to left frontal . . . , three small . . . . . to left . . . and was unable to ambulate due to left . . . . The resident was assisted to sitting position. The physician ordered an , of left , area and	A 027		

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A 027	Continued From page 2 treatment to open area and . . . . . on at 6:28 PM. , was done on . . . . . at 9:40 PM and the results were received on at 7:00 AM. The resident had a left . . . . . of left , . The nurse called 911 and the resident was transferred to the hospital on . . . . . at 8:03 AM. Record review revealed Resident #38 was admitted at the facility on . The health assessment completed on . . . . . showed the residents diagnosed with , , , , ... , Functional decline, Ataxic gait, Generalized . . , in remission, and . . . . The physician indicated the resident was independent with all the activities of daily living and had . . and safety precaution. On at 1:50 PM, Staff P (Licensed Practical Nurse) stated, "He saw a fax coming for the Resident's #38 , results at 7:00 AM when he arrived at work. The nurse who works at night let me know what happened to the resident. He contacted 911 and the resident was transferred to the hospital." On at 11:49 AM, Resident #38's Power of Attorney, stated the facility's staff contacted her to let her know the resident and hit his and . . . , They called me later to let me know resident's physician ordered a , . They waited all night and found he had a broken , . She said, "I thought they should transfer him to the hospital right away after he . ." On . . . . . at 1:25 PM, Staff Z (Licensed Practical Nurse) stated they always call the doctor when they had an incident in the facility. She further stated 'Resident's primary physician	A 027		

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A 027	Continued From page 3 ordered , and we wait for the results before sending the resident to the hospital.' She stated she checked Resident #38 during the night, and he was fine and did not have , . She stated she received Resident #38 , results by fax at the end of her shift around 6:30 AM. She informed the nurse of the next shift to contact resident's physician regarding the , results. Class III	A 027		