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
	AL11965733	A. BUILDING: _____ B. WING _____	04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	2777 NE 183rd ST AVENTURA, FL 33160

(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 complaint survey (Complaint #2021001177) in conjunction with a revisit inspection (Event ID 4W2K12) was conducted at Sterling Aventura on . . . . . to . . . . . . A deficiency was identified at the time of the survey.	A 000		
A 182 SS=D	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. (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 and interview, the facility failed to ensure that two of 50 sampled staff were trained in their duties and were able to evacuate residents from the third floor in the event of an emergency (Staff AA and Staff EE). The staff did not know how to leave the locked memory care unit with residents in the event of an emergency. Findings Included: On . . . . at 6:04 am, observed Staff AA and Staff EE (caregivers) working on the locked third floor memory care unit. Staff EE stated that there were 17 residents on the unit. On at 6:15 am Staff EE was asked how she would assist residents in leaving the locked unit in the event of an emergency. Staff EE	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 stated that she would use the stairs at either end of the floor, however she did not know the code to unlock the doors to the stairs, so she would call the front desk. On at 6:16 am, Staff AA stated that she did not know the code to unlock the stairs, and that security would come and assist them if the needed help. When asked to call security, Staff AA stated," We need to call security on the radio". Observation revealed that Staff AA did not have a telephone or two-way radio ('walkie talkie') on her person. Observation revealed that Staff AA walked to a desk in the lobby and found the two-way radio, however the device did not have a battery. Further observation showed that Staff AA retrieved her telephone from Resident # , where it was laying on the resident's dresser. At 6:16 am, observed Staff AA call security, however the call went to voicemail. Staff AA was observed calling security again, and Staff ZZ (security officer) arrived at 6:23 am. On at 6:27 am, Staff ZZ stated that he conducted rounds throughout the building and in the event of an emergency he would come to the third floor to try to assist. Observation revealed that Staff ZZ used the security code to call the elevator to the third floor, but the code did not work. After approximately seven attempts, the elevator was successfully called. On at 1:54 pm, regarding the ability of staff responsible for resident care to evacuate the floor in the event of an emergency, the Administrator stated," They have the code for the stairs. I just trained them. All staff were trained on how to use the elevator code. I will have to find who that staff is and retrain them".	A 182		

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A 182	Continued From page 2 Class III	A 182		