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 _____	07/20/2021

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 number 2021008767) was conducted at Sterling Aventura on through . Deficiencies were identified at the time of the survey.	A 000		
A 027 SS=G	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 observation, record review, and interview, the facility failed to ensure the residents received the medical care they needed for one out of 101 (Resident #1) sampled residents. Resident #1 sustained a broken and appeared to display signs that she was experiencing , (video evidence) for over thirty-six hours before receiving medical care. The facility failed to contact the healthcare provider after the resident displayed signs of and on her left . Findings Included:	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 A review of the agency adverse incident report showed Resident #1 had " ˬ on her left ˬ, ˬ, ... , and pallor on . . . /201 at 9:30 AM. 911 was called, and the resident was transferred to the hospital. The resident was diagnosed with a of the left . The facility met with the Private Aide and opened an internal investigation into the incident". A review of resident's #1 hospital record showed the resident was admitted on . . . . . with a left ˬ injury. The resident's family member noted a painful . ˬ and inability to walk, which was new for the patient, the day before the admission. The resident had a "left 3-part reverse obliquity ". A review of a video recording provided by a family member showed Resident #1 was able to transfer from her wheelchair and ambulate with the assistance of her private aid to her bed on at 12:40 PM. On a second video recording taken eight hours later, it showed Resident #1 needed assistance from two staff to transfer from her wheelchair to her bed on at 8:46 PM. The resident made moaning sounds and displayed discomfort when she was transferred to the bed. A review of Staff MMM's statement to the facility dated . . . . . revealed Staff MMM documented on Monday that she went to Resident #1's room to help Resident #1's Private Aide. Staff stated, "The resident was found sitting on the bed, refusing to stand up". Staff MMM then stated that Resident #1's Private Aide asked her to assist with the transfer of the resident. She stated that was when she noticed the ˬ on the left ˬ. She also stated that Resident #1's Private Aide told her that was	A 027		

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A 027	Continued From page 2 nothing, and she proceeded to help the resident's private aide to transfer the resident from the bed to the wheelchair. A review of the resident record and facility records showed no documentation that the facility contacted the resident's medical provider regarding the , or that the staff made any other attempts to obtain medical care for the resident. A review of Staff LLL' statement to the facility dated revealed Staff LLL documented that on at about 10:00 AM she went to give Resident #1's medications. Staff LLL stated that the resident's private aide told her, "Resident #1's give away", and she had to go get help from a caregiver to take Resident #1 to bed to lay down." During an interview on at 3:41 PM, Staff MMM confirmed what was written, stating, "At lunchtime, the private duty called me and asked for help getting Resident #1 up. We tried a couple of times, then finally put her in the wheelchair. When I tried to put her on the , I saw that her was . I told the private duty aide that her was , and she told me that it was nothing. I didn't say anything; I thought it was minor ." A review of Resident #1's record showed the resident was admitted on . The health assessment dated revealed the resident was diagnosed with , , , , type II, , , High , and . Resident #1 was on precautions, and the physician indicated the resident needed assistance with all the activities of daily living and medication	A 027		

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A 027	Continued From page 3 administration. A review of Resident #1's progress notes showed, "the resident's brother called and asked to check resident's vital signs. It was reported by private aide that the resident feels weak on at 9:28 AM; Follow up on resident for not feeling well and weak. The resident was observed in bed on at 2:13 PM; Resident in bed awake, morning noted upon reposition. The resident did not state the location of the , . PRN , administered as per ordered; Resident in bed awake, morning noted upon reposition. The resident did not state the location of the , . PRN ("as needed") , administered as per ordered on at 11:30 PM; Nurse informed by nurse's aide that resident was exhibiting signs of tremors. The nurse found the resident displaying sleep patterns arousable. Resident repositioned with the elevated on a pillow on at 4:22 PM; The Resident was found sitting on the couch, with private aid at the bedside. The resident's left was noted . Private aide stated that the resident is weak. The resident was transferred to the hospital for an evaluation on at 9:05 AM". Further review of Resident #1's progress notes and of facility records found no documentation of the health care provider being contacted. Class II	A 027		