

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965733	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/03/2022
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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 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of _____. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as	A 160		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER STERLING AVENTURA		STREET ADDRESS, CITY, STATE, ZIP CODE 2777 NE 183rd ST AVENTURA, FL 33160		
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A 160	Continued From page 1 described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.	A 160		

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A 160	Continued From page 2 (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain an up-to-date admission and discharge log. Findings Included: On at 10:00 AM, observed #... to be open and empty. The name stated by the door showed Resident#9 was residing in the room. In an interview with the Administrator on at 2:45 PM, he stated the resident had under hospice care. A review of the facility's admission and discharge log showed Resident#9 was admitted to the facility on and there was no discharge date listed. Class III	A 160		
A 161 SS=D	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall	A 161		

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A 161	Continued From page 3 maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in section 429.174, F.S., and rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed	A 161			

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A 161	Continued From page 4 staffing agency or staff employed by an entity to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain a copy of an employment application with references for two out of nine sampled staff (Staff E and Staff F). Findings included: Review of the personnel record for Staff E revealed no evidence of an employment application including references. Review of the personnel record for Staff F revealed no documentation of an employment application including references. During an interview on at 1:44 PM, the Administrator acknowledged there was no employment application in staff files. Class III	A 161			
A 000	Initial Comments A change of ownership survey, and a complaint investigation (complaint number 2022003640) was conducted at Sterling Aventura on	A 000			

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A 000	Continued From page 5 2022 to Deficiencies were identified at the time of survey.	A 000		
A 078 SS=F	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable, such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience.	A 078		

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A 078	Continued From page 6 Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to provide documentation of a negative statement on an annual basis for eight out of nine sampled staff (Staff C, D, E, F, G, H, and I) and a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable for one out of nine sampled staff (Staff C).	A 078			

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A 078	Continued From page 7 Findings included: Review of Staff C's record revealed no documentation of a negative statement or statement of freedom from communicable from a healthcare provider in file. Review of Staff D's record revealed documentation of a negative statement completed on There was no documentation of a negative statement being completed on an annual basis in file. Review of Staff E's record revealed documentation of a negative statement completed on There was no documentation of a negative statement being completed on an annual basis in file. Review of Staff F's record revealed documentation of a negative statement completed on There was no documentation of a negative statement being completed on an annual basis in file. Review of Staff G's record revealed documentation of a negative statement completed on There was no documentation of a negative statement being completed on an annual basis in file. Review of Staff H's record revealed documentation of a negative statement completed on There was no	A 078		

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A 078	Continued From page 8 documentation of a negative statement being completed on an annual basis. Review of Staff I's record revealed no documentation of a negative statement being completed on an annual basis or a statement of freedom from communicable from a healthcare provider in file. During an interview on at 1:44 PM the Administrator acknowledged the negative documentation not being in Staff files. Class III	A 078		
A 081 SS=F	429.52(1 & 7) FS; 59A-36.011(. . .) FAC Training - Staff In-Service 429.52(1) (1) Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of	A 081		

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A 081	Continued From page 9 completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course. 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its _____ control policies and procedures when offering this training. Documentation of	A 081			

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A 081	Continued From page 10 compliance with the staff training requirements of 29 CFR 1910.1030, relating to <u>borne</u> <u> </u>, may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident <u> </u>, neglect, and <u> </u>. The facility must use its <u> </u> prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty	A 081		

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A 081	Continued From page 11 (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff attended a 2 hour preservice orientation before interacting with residents for six out of nine sampled staff (Staff C, D, E, G, H, and I). The facility also failed to ensure that staff participated in required in-service training's for three out of nine sampled staff (Administrator, Staff B and Staff C). Findings Included: Review of Staff C's personnel record revealed a hire date of . Further review of Staff C's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents in file. Review of Staff D's personnel record revealed a hire date of . Further review of Staff D's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents in file. Review of Staff E's personnel record revealed a hire date of . Further review of Staff E's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to	A 081		

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A 081	Continued From page 12 interacting with residents in file. Review of Staff G's personnel record revealed a hire date of . Further review of Staff G's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents in file. Review of Staff H's personnel record revealed a hire date of . Further review of Staff H's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents in file. Review of Staff I's personnel record revealed a hire date of . Further review of Staff I's personnel record revealed no documentation of a completed 2 hour pre-service orientation prior to interacting with residents in file. During an interview on at 1:44 PM, the administrator acknowledged the 2 hour pre-service training was for the staff was not in file. Review of the administrator's personnel records revealed no documentation of training in ADL & Behavioral Needs, Reporting Adverse Incidents, Resident Rights & Recognizing /Neglect in file. Review of the Director of Health Services (Staff B) and Staff C's record revealed no documentation of training in elopement response policies and procedures, reporting adverse incidents, and Resident Rights & Recognizing /Neglect in file. Class III	A 081			

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STATE FORM

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A 082	Continued From page 14 During an interview on _____ at 1:44 PM the Administrator acknowledged the staff training's were not in the files. Class III	A 082		
A 090 SS=D	59A-36.011(11) FAC Training - _____ (11) _____ TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding _____ (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding _____ within 30 days after employment. (c) Training shall consist of the information included in rule 59A-36.009, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that five out of ten sampled staff (Staff C, F, G, H, and I) received the _____ (_____) training within 30 days after employment. Findings Included: A review of the facility's personnel record for Staff C showed a hired date of _____. There was no documentation staff completed, within 30 days of employment, the _____	A 090		

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**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 090	Continued From page 15 training in file. A review of the facility's personnel record for Staff F showed a hired date of . There was no documentation staff completed, within 30 days after employment, the training in file. A review of the facility's personnel record for Staff G showed a hired date of . There was no documentation staff completed, within 30 days after employment, the training in file. A review of the facility's personnel record for Staff H showed a hired date of . There was no documentation staff completed, within 30 days after employment, the training in file. A review of the facility's personnel record for Staff I showed a hired date of . There was no documentation staff completed, within 30 days after employment, the training in file. In an interview with the Administrator on at 11:57 am, the Administrator stated the staff training's were not available. Class III	A 090		