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 07/25/2022

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 follow-up survey from a biennial was conducted on [redacted] at East Ridge Retirement Home. Deficiencies were identified at the time of the survey.	{A 000}		
{A 034} SS=F	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on Observation, record review and interview, the facility failed document or record the use of assistive devices for two out of two sampled Residents (#1 and #2). Findings: 1}	{A 034}		

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{A 034}	Continued From page 1 Observation on [redacted] at 12:10PM found Resident #2 ambulation with a walker on the third floor. A record review on [redacted] of Resident #2's file found no documentation ofa physician's order for the use of a walker by the resident. A review of Resident #2's Health Assessment completed on [redacted] showed diagnoses of a History of [redacted] ([redacted]), ([redacted]), and [redacted]. Physical limitations showed resident ambulates with a walker. Activities of daily living showed resident is independent in bathing, [redacted], eating, self-grooming, toileting, transferring, and ambulation but uses a walker. 2) A review of the resident's record found no no documentation of a physician's order for the use of a wheelchair by Resident #1. A review of Resident #1's Health Assessment completed on [redacted] showed a diagnosis of [redacted] ([redacted]), [redacted] ([redacted]). Activities of daily living showed resident is independent in ambulation but uses wheelchair. Resident is independent in [redacted], eating, self-grooming, toileting, and transferring but needed assistance with bathing. A review of the facility's policy on Assistive Devices Guidelines stated the following: 1. "Use of any assistive device will be evaluated during the initial level of care evaluation and periodically thereafter upon any change of condition." 2. "All usage of assistive devices will be documented in resident's records."	{A 034}		

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{A 034}	Continued From page 2 Interviewed on . . . . . at 12:30PM, the Manager of the Assisted Living Facility (Staff B) stated that the previous administrator instructed them only to conduct an initial assessment of assistive devices at admission when residents arrived at the facility. Interviewed on at 2:30PM, the Quality Assurance Consultant stated that there were going to conduct an audit of all the files of residents with assistive devices and physical . to correct the problem. Uncorrected Class III	{A 034}		