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 _____	R 03/21/2024

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 revisit to a complaint investigation (complaint numbers 2023014257) was conducted at Sterling Aventura on through . Deficiencies were identified at the time of the survey.	{A 000}		
{A 079} SS=F	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	{A 079}		

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{A 079}	Continued From page 1 when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or	{A 079}		

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{A 079}	Continued From page 2 manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require	{A 079}		

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{A 079}	Continued From page 3 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 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 have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs.	{A 079}		

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{A 079}	Continued From page 4 Findings: Observation on at 2:08 AM found six employees to care for a census of 130 residents. A review of the posted floor assignment for the 11:00 PM -7:00 AM shift dated showed: Staff G Medication Technician (no assigned floor), Staff J Medication Technician (5th floor), Staff P Certified Nursing Assistant (Memory Care), Staff Q Certified Nursing Assistant (Memory Care), Staff U Certified Nursing Assistant (floors), Staff V Certified Nursing Assistant (floors). A review of the facility's records related to residents' activities of daily living for a census of 130 residents showed on the following: Assistance: 47 residents need assistance with ambulation, 74 residents need assistance with bathing, 65 residents need assistance with , 16 residents need assistance with eating, 54 residents need assistance with toileting, 37 residents need assistance with self-grooming, and 51 residents need assistance with transferring. Supervision: 38 residents need supervision with ambulation, 25 residents need supervision with bathing, 24 residents need supervision with , 28 residents need supervision with eating, 34 residents need supervision with self-care, 29 residents need supervision with toileting, and 32 residents need supervision with transferring. Interviewed on at 3:41 AM Resident #28 stated that he has been there for the past 10	{A 079}		

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{A 079}	Continued From page 5 days. Resident #28 stated further that staff don't respond to the pendant calls right away and that the response time was between 20 to 25 minutes. A review of Resident #28's pendant calls made from his room showed more than nine 9 calls that went unanswered for more than 15 minutes, including one call that lasted 42 minutes: The call log for Resident #28 showed the following: . . . . . no response for 15:11 minutes no response for 27:00 minutes . . . . . no response for 24:54 minutes no response for 17:06 minutes . . . . . no response for 17:39 minutes no response for 24:50 minutes . . . . . no response for 28:49 minutes no response for 32:57 minutes . . . . . no response for 42:00 minutes A review of Resident #28's health assessment with a completion date of showed a diagnoses of Idiopathic . . . necrosis right , Essential Primary , History of falling, ... , Unspecified , , , Unspecified , , Unspecified, Prostrate, Hyper , . The activities of daily living showed the resident need assistance with ambulation, bathing, , self-care, and supervision with toileting, transferring and independent with eating. A review of the residents' pendant call logs from through found 108 calls went unanswered for more than 15 minutes. A review of the residents' pendant call logs from through found 96 calls went unanswered for more than 15 minutes.	{A 079}		

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{A 079}	Continued From page 6 A review of the residents' pendant call logs from through found 41 calls went unanswered for more than 41 minutes, including one call that lasted more than one hour and forty-seven minutes. According to the facility's policy on answering call lights or pendant calls states: "Residents call lights/pendants will be answered promptly. When a resident's call signal sounds a nursing staff employee in attendance will: Key points: Promptness is essential since the resident may be alone and in an emergency such as , , difficulty breathing, haven , etc. 1. Answer each call promptly and politely. 2. Ask the resident the nature of the request. 3. Turn off the call light/pendant switch, to indicate the call has been answered. 4. Determine if residents need emergency intervention. 5. Assist residents as needed." Interviewed on at 4:30 PM the Administrator stated she would review the concern. Uncorrected Class III	{A 079}		
{A 165} SS=E	429.23(&) FS Risk Mgmt & QA 429.23 Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality	{A 165}		

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{A 165}	Continued From page 7 assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, "adverse incident" means: (a) An event over which facility personnel could exercise control rather than as a result of the resident's condition and results in: 1. ; 2. or , damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, through the agency's online portal, or if the portal is offline, by electronic mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility's investigation of the incident.	{A 165}		

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{A 165}	Continued From page 8 (4) Licensed facilities shall provide within 15 days, through the agency's online portal, or if the portal is offline, by electronic mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) , neglect, or , must be reported to the Department of Children and Families as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary	{A 165}		

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{A 165}	Continued From page 9 proceedings by the agency or appropriate regulatory board. (10) The agency may adopt rules necessary to administer this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to submit an adverse incident report within 1 and 15 business days after the occurrence of the incident, through the agency's portal, for three out of (Resident #1, Resident #2, and Resident #15) four sampled residents. Finding include: 1) A review of Resident 1's progress note dated [redacted] at 3:15 pm showed, "As per [Staff F] around 8 am Resident was observed with [redacted] to left and [redacted] to left [redacted] and both [redacted]. The resident was sent to the hospital on [redacted] due to a [redacted] with injury. A review of Adverse Incident Report (AIRS) showed no documentation the facility filed an incident report of Resident 1's with injury and the need to go to the hospital for acute/higher level of care. 2) A review of Resident 2's records showed that Resident # 2 was sent to the hospital on [redacted] with an unknown injury to both [redacted]. A review of Resident 2's progress notes dated [redacted] at 1:08 pm showed, "Noticed [redacted] around both [redacted] and hematoma to forehead. When asked, Resident states that she did not [redacted], cannot remember how she got the and	{A 165}		

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{A 165}	Continued From page 10 hematoma. A review of AIRS showed no documentation the facility filed an incident report of Resident 2's unknown injury and the need to go to the hospital for acute/higher level of care. 3) A review of Resident #15's record revealed that the resident at the facility on . The record document that "Around 6 PM the nurse paged to 7th floor by Staff AB. Upon arrival the resident was sitting in a wheelchair, in process via performing by Staff AC while Staff AB supporting her , she was unresponsive to verbal and stimuli. Per assessment to touch and heavy perspiration noted. Staff AB reported that she checked in on her and served her dinner at about 5:35 PM, she stated "I have pizza for lunch, I love it; please do not throw it away, saved it for me and wrote on top of the plate, I am not hungry right now, come later". When she came , it was about 5:55 PM, she noticed the resident was and drooling, notified writer and Staff AC. Upon arrival, initiated and 911 activated while on the phone with 911 for about 17 minutes, paramedics along with police arrived on scene, per evaluation, resident was pronounced ." A review of AIRS showed no documentation the facility filed an incident report for Resident #15 unexpected at the facility. Interviewed on at 4:30 PM the	{A 165}		

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{A 165}	Continued From page 11 Administrator stated she would review the concern. Class III Uncorrected	{A 165}		