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 _____	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 complaint investigation (complaint number 202400085, 2024001863, 2024003259) was conducted at Sterling Aventura from & . . . . Deficiencies were identified at the time of the visit.	A 000		
A 056 SS=D	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 1 who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable. (f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a	A 056		

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A 056	Continued From page 2 label containing the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review, and interview, the facility failed to follow the doctor's orders when administering medications for one out (Resident #15) sampled residents. Findings included: On at 3:46 PM, Staff AC stated that when she was doing medication pass she heard a noise across the room. Resident #15 had breathing problems. She went to the resident's room and observed her sweating. She got the resident's medication from the cart and put the on the resident. She did not know what was going on with the resident. On at 10:02 AM, Staff Z stated that she was at the nurse's station when she received the call from Staff AB. Staff AC was working on that floor. The resident was in the wheelchair, and Staff AC thought she needed and went to the cart and got the . She found Staff AB holding the resident's , and Staff AC holding the mask	A 056		

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A 056	Continued From page 3 for the [illegible] when she arrived at the room. The resident's [illegible] were not open, and she did not know if she was breathing. Then she called her by her name and shook her. Resident's had a [illegible], but it was weak. On [illegible] at 10:50 AM, Staff AB stated that she went to resident's #15 room around 5:50 PM and found the resident unresponsive, then she called Staff Z. The resident was not breathing. Staff AC put on the [illegible] on her. A review of Resident #15's record revealed she was admitted on [illegible]. The health assessment done on [illegible] showed the resident was diagnosed with status post (s/p) [illegible], and [illegible]. The physician indicated the resident needed supervision with eating and grooming and needed assistance with ambulation, bathing, [illegible], toileting, and transferring. The resident needed assistance with medication. A review of Resident #15's Medication Observation Record review showed the physician ordered [illegible] Inhalation solution 0.[illegible].5 mg/ 3 ML, with instructions to inhale contents of 1 vial via [illegible] every 4 hours as needed for [illegible]. The staff signed that the resident received the treatment on [illegible] at 12:51 PM. Class III	A 056		
A 182 SS=F	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are	A 182		

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A 182	Continued From page 4 responsible for implementing the emergency management plan. New staff must be trained on the plan within 30 days of employment. (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, interview and record review, the facility failed to ensure all staff were trained in their duties and are responsible for implementing the emergency management plan. The facility staff did not know what to do during an emergency where they had to evacuate the building. Also, the staff were unaware of which residents required assistance. Findings included: On at approximately 2:30 AM, observation showed Staff P and Staff Q (caregivers) working on the facility's 3rd floor (memory care unit). On at approximately 2:35 AM, Staff Q stated that she was not sure of the exact number of residents on the floor and there were approximately 28 or 30 residents. Staff Q further stated that she was not sure of how many residents in total were in the facility. On at 3:06 AM, when asked about that in case of an emergency, how could she know for certain she had evacuated the floor completely, Staff P stated, "I don't know I will go and check the rooms." at 3:10 AM, when asked about what	A 182		

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A 182	Continued From page 5 would she do and how would she evacuate in case of a fire, Staff Q stated, "I will call 911, then since we can't go in the elevator, right? I will begin bringing residents down the stairs." When asked how many residents were non-ambulatory or required assistance for ambulation, Staff Q stated that she was unaware how many required that assistance on the floor. On at 3:10 AM, when asked about the census, how many residents were in hospice and how many residents were non-ambulatory, the Administrator stated, "I think the census is 130, I will go to my office and double check. I am not sure about that either [residents in hospice]. A few, I do not know exactly [non-ambulatory residents]. I will check." Review of the facility Emergency Evacuation Directory revealed that only 19 of 130 residents were independent, the remaining 111 residents required some form of assistance. at 2:00 PM, during an interview with Staff X (maintenance supervisor) about evacuating the building in the event of a fire. He stated that he trained all the employees in evacuating in case of a fire. Including what to do and that not every resident had to be evacuated, only if the fire was in their area. He further stated that if the building had to be evacuated, the fire department would assist the employees. Review of the facility Standard Operating Procedures Staff Responsibility During an Emergency revealed that, "The following job requirements must be observed and carried out during an emergency. The purpose of these responsibilities is to ensure that everyone is safe and secure during an emergency with no loss of	A 182		

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A 182	Continued From page 6 life or injury. The following responsibilities take effect as soon as an emergency is declared. Emergencies include tornadoes, fire, hazardous material incidents, and power outages during severe hot or weather and hurricanes. - The Administrator will inform the facility staff of an emergency as soon as she/he is made aware of the emergency. However, if the Staff finds out first, then the staff should immediately contact the administrator to make her/him aware of the emergency. - The staff will assist in the gathering and evacuation of residents, staff and essential food, water and supplies, if evacuation is necessary. - The Administrator will supervise and assist in the gathering and evacuation of the residents, staff and essential food, water and supplies (if evacuation is necessary). - In the event of an emergency, the Staff will go room to room and inform residents (waking them up if necessary). In the event of a fire, please refer to the Fire Safety Plan for emergency procedures during a fire." Class III	A 182		