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 08/06/2024

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 revist to a complaint investigation (#20234006811) was conducted from , through at Sterling Aventura. Deficiencies were identified at the time of the survey.	{A 000}		
{A 027} SS=E	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 interview and record review, the facility failed to make medical arrangements, including coordinating medical care for one out of 66 sampled residents (Resident # 50). Findings include: A review of a withdrawn adverse incident dated showed on , "[Resident #50] told [Resident #13] to leave her room and pointed to the door. [Resident #13] grabbed her and squeezed it. This resulted in a large hematoma on her and a smaller one on her	{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 " In an interview on at 10:35 AM, when asked about the incident with Resident #13, Resident #50 stated, "We became friends here, He grabbed me by the , I ." When asked if she was on any , Resident #50 stated she took , every day, when asked if she saw her medical provider for the , Resident #50 stated no. In an interview on at 11:17 AM, the Director of Health Services stated that she assessed the resident, and staff called and left a message for the resident's physician. A review of Resident #50's progress notes showed no documentation that the resident's medical provider was contacted in regard to her injury or that the Director of Health Services assessed the resident. Uncorrected Class III	{A 027}		
{A 030} SS=E	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the	{A 030}		

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{A 030}	Continued From page 2 facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . ., Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . ., neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and	{A 030}		

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{A 030}	Continued From page 3 10. Physical . . . . . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of	{A 030}		

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{A 030}	Continued From page 4 other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making [illegible] for health care services, the provision of or arrangement of transportation to health care [illegible], and the performance of health	{A 030}		

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{A 030}	Continued From page 5 care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without . . . , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a	{A 030}		

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{A 030}	Continued From page 6	{A 030}		

prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and, if applicable, ... , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , ... or . . . , ... under state law, managing his or her own affairs.
(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall

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{A 030}	Continued From page 7 such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility to ensure that five out of 66 sampled residents are in a safe and decent living environment, free from and neglect (Resident #50) Findings include: A review of Resident #13's progress notes dated showed at 8:27 PM, Resident #13 grabbed Resident #50 by the collar because the resident "refused to have with him." Resident #13 stated he grabbed Resident #50 by the shirt "but didn't mean no harm. He is still a man with needs, and she is a woman." Staff told Resident #13 he was no longer allowed to Resident #50's room. A review of Resident #50's progress notes dated showed that the resident reported to staff that Resident #13 was physically aggressive towards her. Upon entering Resident #50's apartment, Resident #13 was observed in the room. The resident was asked to leave. Resident #13 further stated to staff that Resident #13 gets upset with her because she does not want to have . Resident #13 stated that she has always visited her apartment, lay with her, and watched TV. Lately, Resident #13 seems to be very upset with her because she does not want to have . Resident #50 informed staff that she	{A 030}		

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{A 030}	Continued From page 8 does not want Resident #13 in her apartment at night. A review of a withdrawn adverse incident dated showed on . "[Resident #50] told [Resident #13] to leave her room and pointed to the door. [Resident #13] grabbed her and squeezed it. This resulted in a large hematoma on her and a smaller one on her ." A review of progress notes dated showed, "Med tech [Staff R] reported to nurse [Staff AH] that while in the fifth-floor hallway outside of [Resident #50] 's room, she heard a scream. When she approached the room, [Resident #13] was exiting the room and stated, "She was lying. She ". [Staff R] stated she entered the room to check on [Resident #50] When she asked if she was ok, she did not reply but showed her right where there was a large hematoma. [Staff AH] reported to [Resident #50's] room to evaluate. As per nurse [Staff AH], [Resident #50] was found to have a hematoma approximately 4in x 2 into the dorsal surface of the right and a size hematoma to the medial palmar surface of the . [Resident #13] was escorted to his room. [Administrator] and [Director of Health Services] spoke with [Resident #50]. She stated, "He lost his temper, and when I pointed to the door for him to leave, he grabbed my arm and squeezed it, and I screamed". [Administrator] and [Director of Health Services] spoke with [Resident #13]. He stated, "It was just a lover quarrel" and "I just grabbed a pillow from her". Resident stated that he made several attempts to contact [Resident #50], but she was not answering her phone." In an interview on at 10:35 AM,	{A 030}		

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{A 030}	Continued From page 9 Resident #50 stated, "We became friends here. He grabbed me by the , I . On another occasion he grabbed me the collar. He would get upset because I was not interested in having relations. He would come down from his room to watch TV here, He is very popular, everybody likes him. I would not want to cause any trouble for him, he is a friend." A review of the facility's resident policy showed, "All allegations or incidents of must be reported immediately to the Director of Health Services (DOHS), Executive Director, and the Department Manager in person or by phone followed by a written report immediately following the initial investigation. The residents' legal representatives shall be notified immediately upon the report of the alleged occurrence. Notify the attending physician appropriately." A review of Resident #50's record showed no documentation that the resident's physician was contacted. On at 9 AM, when asked about the with Resident #50, the Administrator stated, " did not occur. [Resident #13] had escalated disagreement with girlfriend." On at 9:48 AM, when asked what preventive measures were placed the first time Resident #13 was physical with Resident #50, the Director of Health Services stated, "Asked them to keep their distance from each other and we also informed both POA (Power of Attorney). [Resident #50] didn't want any action taken." When asked how the facility ensured that both residents stayed away from each other, the Director of Resident Services stated we didn't really enforce it. We thought it was an	{A 030}		

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{A 030}	Continued From page 10 incident." Uncorrected Class III	{A 030}		
{A 053} SS=E	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including ␣ testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Chapter 483, Part I, F.S. A valid copy of the federal CLIA Certificate must be maintained in the facility. A federal CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment.	{A 053}		

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{A 053}	Continued From page 11 Information about the federal CLIA Certificate is available from the Laboratory and In-Home Services Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on an observation, interview and record review, the facility failed to have licensed staff available to administer the medication for one of the 66 sample residents who required medication administration (Resident #40). Findings include: On at 7:55 AM, observed Staff R, Medication Technician Resident #40 a cup of medication; however, the resident could not raise the cup to his to take the medication. Staff R then brought the medication cup to the resident's , and the resident's partner intervened, attempting to help by bringing the medications to the resident's with his . A review of Staff R's personnel record revealed that she was not a licensed medical professional. A review of Resident #40's health assessment (AHCA Form 1823) dated showed the resident was diagnosed with , 's, High , and . The resident was independent with ambulation and transferring, supervision with toileting and needed assistance with bathing, , eating and grooming. The health assessment also showed that the resident needed assistance with the self-administration of medication.	{A 053}		

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{A 053}	Continued From page 12 Interviewed on at 9:45 AM, the Director of Health Services stated, "I did go into the room to observe him to take his medication. He took the cup I literally watched. He was asking MedTech to put the pills in his , and I spoke to him about it. I handed him the cup of meds, and he took it. " Uncorrected	{A 053}		
{A 162} SS=E	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form described in Rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health	{A 162}		

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{A 162}	Continued From page 13 care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(f), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in writing that [illegible] not be taken. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property	{A 162}		

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 08/06/2024

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 162}	Continued From page 14 disbursed as required in Section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to a log listing the names of residents participating in this arrangement. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon	{A 162}		

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 08/06/2024

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{A 162}	Continued From page 15 departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 interview and record review, the facility failed to maintain an accurate health assessment for one out of 66 sampled residents (Resident #40). Findings include: A review of Resident #40's home health records dated showed that the on the right healed/closed. The second located on the was a . A review of Resident #40's health assessment (AHCA Form 1823) dated showed no documentation that the resident had , In an interview on at 9:40 AM, when asked if the health assessment provided for Resident #40 was his most current one, the Director of Health Services stated, yes. Uncorrected Class III	{A 162}		