

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968935	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/22/2025
NAME OF PROVIDER OR SUPPLIER THE RESIDENCES AT EAST RIDGE RETIREMENT VIL			STREET ADDRESS, CITY, STATE, ZIP CODE 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 revisit survey was conducted from through at The Residences at East Ridge Retirement Village. The provider had deficiencies at the time of the survey.	{A 000}			
{A 025} SS=H	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule	{A 025}			

AHCA Form 3020-0001

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

TITLE

(X8) DATE

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{A 025}	Continued From page 1 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide adequate supervision and be aware of the whereabouts and the safety and wellbeing of 3 out of 27 sampled residents (1, 5, 16) Resident 1 and Resident 5 eloped and were found while caregivers were unaware they were missing, Resident 16 was found on the floor on 3 occasions and had unexplained injuries. The facility also failed to maintain a written record, updated for significant changes that resulted in the provision of medical services for 1 out of 27 sampled residents (13) Resident 13's condition had deteriorated requiring additional services and there was no documentation that the health care provider was notified.	{A 025}		

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{A 025}	Continued From page 2 Findings included: 1) A review of Resident 1's hospital record dated _____ showed that Resident 1 presented to the emergency room via _____ (emergency medical services) after being found _____ and _____, and was admitted for further evaluation and management of acute _____ and _____. A review of Resident 1' nurse's notes dated _____ at 6:30 PM showed, "Resident was found outside on the cart around 6:30 PM by charge nurse and another nurse in the evening. I was on a 15-minute break that was shortened because I was called to give a _____ count of the residents. As I was counting, I asked the 2 CNAs on shift about 3 other residents that I was told were in their rooms. I was called over to the walkie again to give a _____ count of the residents, and I was told to come to the front outside to see the Resident sitting on a bench with the charge nurse and another nurse. The Resident had _____." Further review showed _____ was called and the resident was transported to the hospital with low _____. A review of Resident 1's health assessment dated _____ showed diagnoses of _____ hyperkalemia, high _____ and suspected _____. Physical limitations showed 'NA'. _____ status showed _____, oriented to person. Special precautions showed 'standard'. The Resident needed assistance with ambulation, bathing, _____, eating, self-care, toileting and transferring. The Resident needed assistance _____.	{A 025}			

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{A 025}	Continued From page 3 with self-administration of medication and was not an elopement risk. Interviewed on _____ at 9:10 AM when she was asked about Resident 1 and residents at risk for elopement at the facility the Administrator stated that she did not know and was not aware of any current elopement risk residents "I don't believe we have any, I'll check" 5) Interviewed on _____ at 6:45 AM Staff K stated that Resident 5 was found in the parking lot at 4:00 AM. She stated, "One time they found him in the parking lot, I went to use the bathroom, and he was gone; they found him at 4:00 AM in the parking lot." A review of Resident 5's nurse's notes dated _____ at 5:30 AM showed," Security called the ALF to open the doors to allow Resident 5 to re-enter. Resident is _____, and appears to be free of _____, he returns to his room. Will continue to monitor" A review of Resident 5's health assessment dated _____ showed diagnoses of high _____, _____ without behavior disturbance, _____ deficiency, unspecified abnormalities gait mobility, _____, _____, lack of coordination, _____, _____, Physical limitations showed a walker for ambulation. _____ status showed _____ without behavioral disturbance. Nursing requirements showed 'none'. Special precautions showed _____ precautions. Elopement risk. The activities of daily living (ADL) showed needed assistance with ambulation, bathing, _____, self-care, toileting and transferring, supervision with eating. Needed assistance with	{A 025}			

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{A 025}	Continued From page 4 self-administration of medication. 16) A review of Resident 16's nurse's notes dated at 7:30 AM showed that the nightshift caregiver reported that Resident 16 was found sitting on the floor on 3 separate occasions during the night and during the morning assessment a was observed on the Resident's left At 10 AM the Caregiver noted a bump on the Residents' , emergency medical services were called, and the Resident was transported to the hospital for medical evaluation. Further review of Resident 16's nurses' notes dated at 3:45 PM showed that Resident 16 returned from the hospital with documentation showing diagnosis of , related to , and upon assessment a large, area on top of her left and a on the center of the , were noted. A review of Resident 16's health assessment dated showed diagnoses of , generalized Physical limitations showed the Resident need help with ADL (activities of daily living) status showed forgetful/needs to be oriented. Nursing requirements showed home health care for home health aide/nurse for vitals and , . Special precautions showed pressure injury, risk. Not an elopement risk. The activities of daily living (ADL) showed the Resident needed assistance with all ADL (ambulation, bathing, , , eating, selfcare, toileting and transferring) Needed assistance with self-administration of medication. Interviewed on at 9:15 AM, the Administrator stated that she could not find any	{A 025}			

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{A 025}	Continued From page 5 facility prevention policies and procedures. 13) Interviewed on _____ at 8:32 AM Resident 13's private duty aide (PDA) stated that she was assigned to work with Resident 13 4 hours per day, from 8:00 AM to 12:00 PM during the last month because her condition had declined. Interviewed on _____ at 12:04 PM when asked why Resident 13 had been assigned a PDA the Nursing Manager stated that the family wanted it. The Nursing Manager stated, "I don't know how long she has been declining. I documented in the chart that she was declining" A review of Resident 13's most recent health assessment dated _____ showed diagnoses of _____, _____, high _____, _____, pre-_____ and _____. Physical limitations showed the use of a walker, the Resident needed assistance with bathroom and activities of daily living. _____ status showed within normal limits. Nursing requirements showed _____, _____, needed assistance with medication management. Special precautions showed _____ precautions. The activities of daily living (ADL) showed the Resident needed assistance with bathing, _____, self-care and toileting; supervision with ambulation, eating and transferring. Further review of resident 13's record to include progress notes showed no documentation for deteriorating condition. Interviewed on _____ at 4:28 PM the Administrator acknowledged that Resident 13's condition had been declining, and it had not been	{A 025}			

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{A 025}	Continued From page 6 documented in her record. Class II (Uncorrected)	{A 025}			