RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
East Ridge Retirement Village, Inc
19225 Sw 87th Ave
Miami, FL 33157

RE: CCR #2016008150

Dear Administrator:

This letter reports the findings of a complaint state licensure survey that was conducted on , 2016 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Sonia Bailey, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	09/27/2016
NAME OF PROVIDER OR SUPPLIER **EAST RIDGE RETIREMENT VILLAGE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19225 SW 87TH AVE MIAMI, FL 33157**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint (CCR# 2016008150) survey was conducted from , 2016 through 10th, 2016. East Ridge Retirement Village, Inc. with license number 12771 and extended congregate care component had the following deficiencies identified at the time of survey:

0010 Admissions - Continued Residency

Based on observation, interview and record review, the Assisted Living Facility failed to ensure the appropriateness of continued residency for one (#8) out of nine sampled residents. The resident was not able to feed herself with staff assistance, but rather required staff to feed her.

Findings included:

Observation on at 10:12 AM revealed that Certified Nursing Assistant (CNA) A placed a spoon with puree food inside Resident #8 ' s mouth.

In an interview on at 10:15 AM, CNA A stated " I am trying to help her due to she has not eaten yet. "

A review of Resident #8's record revealed that Health assessment (AHCA form 1823) completed on revealed resident needed supervision for eating and regular diet.

Class III

0054 Medication - Records

Based on observation, record review and interview, the Assisted Living Facility failed to ensure that label instructions on residents' prescribed medications matched medication instructions on the Medication Observation Records (MORs) for one (#9) out of nine sampled residents.

Findings included:

Observation on at 1 PM revealed that the Licensed Practical Nurse (LPN) assisted Resident #9 with self-administration of medication. Nurse reviewed MORs with medication cards. Medicines were: / 25-100 mg 1.5 tab by mouth four times daily and 0.5 mg tab by mouth three times daily.
A review of Resident #9's medicines labels revealed: / 25-100 mg tab 1.5 tab by

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EAST RIDGE RETIREMENT VILLAGE, INC	**19225 SW 87TH AVE MIAMI, FL 33157**

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mouth four times daily at 8 AM, 12 PM, 4 PM and 8 PM and 0.5 mg tab by mouth three times daily (Every eight hours).
A review of Resident #9's MORs revealed: , / , 25-100 mg 1.5 tab give give 1 & ½ tablets by mouth four times daily and it was scheduled at 9 AM, 1 PM, 5 PM and 9 PM. 0.5 mg tab give one tablet by mouth three times daily and it was scheduled at 9 AM, 1 PM and 5 PM.
In an interview on at 1:10 PM LPN revealed that one of the nurses reconciled medicines with MORs before the month started to ensure that they matched.
Class III

0081 Training - Staff In-Service

Based on record review and interview, the Assisted Living Facility failed to provide an updated control training, including universal precautions and facility sanitation procedures, before providing personal care to residents after an outbreak of .

Findings included:

A review of the report sent to health department revealed that Resident #3 and #4 were diagnosed with on while Certified Nursing Assistant (CNA) C was diagnosed with as well on / .

A review of Resident #3's record revealed that Resident #3 went to the dermatologist on with complaints of a on the axillae, back, leg and right leg which also included bumps, irritation and itchiness. There was no documentation of the resident's treatment for , and no documentation about facility procedures that were followed while caring for the resident to avoid cross contamination.

A review of the facility's records revealed that facility did not provide an updated control training related to the condition to staff members until . Staff that completed the attending sheet as presented were: Caregiver D, Caregiver E, Caregiver F, and CNA B.

In an interview on at 2:07 PM Registered Nurse (RN) A revealed that the same day residents came back from the doctor's office with the diagnosis, Nurse A called the staff who were on the shift and explained the diagnoses, the proper protocol, the hand washing, the soluble bags to remove the soiled clothes and linens. Nurse A stated "Unfortunately, my fault was that I did not make them sign".

Class III