| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968935** | **03/09/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**EAST RIDGE RETIREMENT VILLAGE, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**19225 SW 87TH AVE**<br>**MIAMI, FL 33157** | |

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

**0000 - Initial Comments**

An extended congregate care monitoring survey was conducted on , 2017. East Ridge Retirement Village, Inc. with license number 12771 and extended congregate care component had the following deficiency identified at the time of survey:

**0078 - Staffing Standards - Staff - 58A-5.019(2) FAC**

Based on record review and interview, the Assisted Living Facility failed to provide documentation that two of two sampled staff had a current written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable (the Director of Nursing (DON) and the Licensed Practical Nurse (LPN)).

Findings included:

A review of the DON's personnel record revealed that last statement of freedom of communicable including was dated .

A review of LPN's personnel record revealed that there was no written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable

.

Interviewed on at 1:45 PM, the Human Resource Assistant, stated regarding the DON, "I gave the form to her, I know she did it last week, but she has not returned it yet."

Class III