STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	04/07/2017
NAME OF PROVIDER OR SUPPLIER **STERLING AVENTURA**	STREET ADDRESS, CITY, STATE, ZIP CODE **2777 NE 183rd ST** **AVENTURA, FL 33160**	

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

0000 - Initial Comments

A Complaint Survey (CCR #2017001808) was conducted on , 2017. Sterling Aventura (License #10117) had deficiencies identified:

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on record review and interview the facility failed to have accurate health assessments for 2 out of 11 sampled residents (Residents #5 and # 6).

Findings included:

Review of Resident #5's record revealed the health assessment was completed by his primary doctor on and stated that the resident was independent with eating, requires supervision with and toileting and assistance with the rest of his activities of daily living; also stated that the resident required medication administration.

Review of Resident #6's record revealed the health assessment was completed by his primary doctor on and stated that the resident was independent with eating, required assistance of one person for transferring and supervision with the rest of his activities of daily living; also stated that the resident required medication administration.

On at 4:00 pm the administrator stated that there was a mistake on the health assessments for Residents # 5 and # 6 because the residents did not require medication administration and that a new health assessment would be completed.

Class III

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview the facility failed to have a written record, updated as needed, of any significant changes or any illnesses that resulted in medical attention to 1 out of 7 (Resident #1).

Findings included:

Review of Resident #1's record revealed that there was no documentation about the resident stating that she had a .

Interview on at 11:13 am Staff I stated, "Resident #1 needed a lot of assistance. I knew about

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Resident #1's through her daughter when I called to know how she was doing at the hospital. Resident #1's daughter went to the facility, and she never communicate to us regarding her mother's ." Staff I also stated Staff J alleged that Resident #1 told her that she from the bed. "We did not make a body assessment for it on that time because Staff J and K stated that Resident #1 did not have or any indication of a ."

Staff I stated, "since I start to work on 2015 the facility has a policy that if staff see someone , we have to call 911 for an evaluation and do a medical report. In case the resident refuses to go to the hospital, I call family member, inform about the , and ask permission to send he/she to the hospital, and if family also refused, I will document that information. However, if the resident states they , we are going to open an investigation. I asked staffing to write down based on observation, and they wrote it."

Class III