STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	R **11/02/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAST RIDGE RETIREMENT VILLAGE, INC	**19225 SW 87TH AVE MIAMI, FL 33157**

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

0000 - Initial Comments

An extended congregate care monitoring revisit survey was conducted on and 2nd, 2017. East Ridge Retirement Village, Inc. with license number 12771 and extended congregate care component had the following uncorrected 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 fourteen sampled staff had a current written statement from a health care provider stating that the individual does not have any signs or symptoms of communicable (Staff J and L).

Findings included:

A review of the personnel record revealed that Staff J's (hired on) last statement of freedom of communicable . . . . . including . . . . . was dated . . . . Further review showed Staff L's (hired on) personnel file 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 including .

Interviewed on at 11:10 A.M., the Human Resource Assistant (HR) stated that employees did not have the new test(test). The HR Assistant stated that facility had issues with the hired company because they do not followed the hiring procedures.

Class III
Uncorrected