STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	R 06/26/2018
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 Standard Biennial Revisit Survey was conducted on . . . 26, 2018. Sterling Aventura (License #10117) had the following deficiencies identified at time of the survey:

0162 - Records - Resident - 58A-5.024(3) FAC

Based on observation, record review, and interview the facility failed to have a new health assessments for two of ten sampled residents (Resident #30) within the last three years.

Findings included:

Record review revealed Resident #30 (admitted . . . .) had a health assessment dated . . . . . Record review revealed Resident #20 had not had a new health assessment completed within the last three years.

Interview on . . . . . at 12:20 pm Staff A stated, "I will call Resident #30's doctor, and I will request a new health assessment for her.

Uncorrected Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview the facility failed to file a one-day and a fifteen-day report with the Agency for one of ten sampled residents (Resident #33).

Findings included:

Record review revealed that Resident #33's (admitted) progress notes stated, "Resident #33 went to hospital because she was unable to move her right leg, called 911." In addition, Resident #33's progress notes stated, "On , hospital informed that resident has a to right hip."

Record review revealed that the facility did not send an incident report to the Agency regarding Resident #33's hip . . . . .

Interview on . . . . . at 11:55 am Staff A stated, "I did not know; it happened the 23th, and nobody informed me."

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