STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**
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)

Z814 - Background Screening Clearinghouse - 435.12(2)(b-d), FS

Based on record review and interview the facility failed to ensure that staff members were registered and/or removed from the facility's roster in the background screening clearinghouse within 10 days (Staff H and I).

Finding included:

A review of the facility's roster in the background screening clearinghouse showed Staff H and I listed as a current employees.

On at 11:52 AM Staff K stated "Staff H doesn't worked for us anymore, and Staff I was terminated on ."

Unclassified

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**
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# 2018008955 and # 2018009455) Survey was conducted on , 2018 thru , 2018. 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 - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, record review and interview, the facility failed to ensure that residents meet the criteria for continued residency. Residents remained in the facility without being reassessed to determine additional service needs despite frequent or daily with and without injury, aggression, not eating or the onset of wandering behaviors (#3, 6, 9, 10, 15, 17 and 41).

Findings included:

Resident #6)

Review of Resident #6's record showed that the health assessment completed on . It showed medical history and diagnoses of , dyslipidemia, , chronic back pain lumbar , degenerative of macula, recurrent , , and hyponatremia. Resident needed assistance with ambulation, bathing, dressing, , toileting, and transferring and supervision for eating. The resident on , 2018 and was hospitalized for injury. On , the resident and paramedics were called but the resident refused to go to the hospital. On she was found on the floor by staff after falling backward. On the resident again, had on her head (hematoma) and was hospitalized due to multiple .
According to resident record and neurologist note dated , the resident every day (nights). There was no documentation that an assessment to determine the resident's need for a higher level of care was conducted. Further record review showed that on at 6 PM, the resident was found unresponsive in the floor, full code (not breathing, no pulse). A staff person performed ( ) until paramedics arrived, and the resident was revived and hospitalized. She never regained functioning and .

Resident #3)

On at 8:48 AM, observed that Resident #3 sat in the recliner and did not get up.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

Review of Resident #3's record showed that she was identified in the health assessment with precautions. The resident had diagnoses and medical history of Aneurism, Parkinson, ( ). The resident had balancing , endurance , and mobility . The resident needed assistance with ambulation, bathing, dressing, eating, toileting and transferring, and supervision with . On the resident off bed. On the resident had laceration/hematoma to right side of forehead after a . Resident #2's provided assistance to Resident #3 with transferring. On the resident and had tear to right big toe. the resident , hit right lower leg, and got . On the resident . Resident #2 (the husband of Resident #3) stated that the staff was slow to respond when they pulled the call bell and needed assistance.

On at 8:48 AM, Resident #2 revealed that Resident #3 did not walk. Resident #2 helped Resident #3 with her needs. Staff helped them too. Staff were a little slow to answer their calls; sometimes they took 20 minutes to answer especially after one of their aide retired.

Review of Resident #3's service log showed that the resident did not receive the type of care identified on the health assessment.

Resident #9)

Review of Resident #9's record showed that health assessment completed on . Medical history and diagnoses were memory loss, , , high , , , and , . The resident needed assistance with bathing and was independent with ambulating and showering, needed supervision with dressing, eating, and toileting. On the resident eloped from the locked memory care unit by one of the emergency exit and was found in the 'Health Center' on the third floor several hours later. There was no documentation in record that the resident was reassessed by licensed medical provider.

Review of Resident #9's service log showed that the resident did not receive the type of care identified on the health assessment.

On at 11:06 AM, Memory Support Manager stated "Resident #9 is exit seeking. The resident wanders and she tries to get out. The resident was on the other side (Assisted Living Unit) and then she was transferred to the Memory Care Unit. The resident was able to get out because there are two exits from the stairs. The resident was able to read the sign on the emergency exit that says the doors will open if you hold the door for 15 seconds. We cannot stop them; we monitor and redirect them back. I

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

am not 100 percent sure if the resident's daughter told her doctor. The resident's daughter takes her to the doctor in the community, and I am not sure if she was evaluated by her doctor. If anybody gets out we will call security and let them know they went out of the locked unit."

Resident #10)

Review of Resident #10's record showed that the health assessment completed on . It showed that the resident had medical history and diagnoses of 's type , , , labile behavior, severe . Special precautions: precautions. The resident needed supervision with ambulation, and needs assistance with bathing, dressing, eating, self-care ( ), toileting, and transferring. The resident needed medication administration. Special diet instructions: Regular.

Review of Resident #10's progress notes showed that on the resident refused meals including fluids, and supper x 3 during the 3-11 shift, and would not open her mouth. On the resident refused breakfast, liquids consumed, approximately 10 % of lunch consumed. On the resident repeatedly spitting up lunch. On she refused meals, supper and fluids during 3- 11 shift. On Resident refused meals throughout shift. On the resident refused meals and fluids during the shift, she did not open her mouth. On the resident refused meals and liquids would not open her mouth. On the resident refused meals and fluids would not open her mouth. There was no documentation that a health care provider was contacted or evaluated the resident.

Review of Resident #10's service log showed that the resident did not receive the type of care identified on the health assessment.

Resident #15)

Review of Resident #15's record showed that medical history and diagnoses were , right , right leg , , , chronic kidney , , , and . Resident identified with precautions in the health assessment on . According to health assessment, the resident needed assistance with ambulation, bathing, dressing, , toileting, and transferring and supervision for eating. The resident suffered pelvic on 2017, left hip on , 2018, hematoma on 2018 and broken hips and shoulder , 2018.

Resident #15 did not have services log.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**

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)

On at 6:26 AM, Staff C stated, "I have not seen any the only one that had a was Resident #15. She had a , was found on the second floor. I do not know how it happened because she was with another nurse. No, I do not remember at the time and did not see her . It is only myself and Staff D on this shift."

On at 6:34 AM, Staff D stated, "I had not witnessed any in the past two months." However, then she said "The one I heard she was Resident #15. She was found on the floor. I believe she had a . Rescue was called for her. No, we do not have a nurse on this floor, if we have an emergency we call the nurse from the health center and she will call emergency department for us."

Resident #41)

Review of Resident #41's record showed that she was identified in the health assessment on with special precautions of . The resident had diagnoses and medical history of , , , and . The resident needed supervision with ambulation, eating, toileting and transferring, and assistance with bathing, dressing, and self-care ( ). It showed that the resident did not pose a danger to self or others.

Review of Resident #41's nurses notes showed that on at 10:35 PM, the resident was verbally and physically aggressive to other resident, the resident punched another resident on the face and held the other resident right arm and would not let go. There was no documentation that primary care provider was contacted. On at 7:15 PM the resident agitated and , shouting at other residents, pushing her wheelchair over the feet. On at 9:20 PM the resident was physically aggressive to another resident and staff. The resident held another resident's right hand and did not let it go; she attempted to punch staff. There was no documentation that a health care provider had been informed of the resident's change of condition or that the resident had been reassessed to determine the continued appropriateness of placement.

Resident #17)

Review of Resident #17's record showed that the health assessment was completed on . The resident was identified with precautions and had diagnoses and medical history of , muscle , and deficiency. She needed assistance with , total care with ambulation, bathing, dressing, toileting, and transferring and independent for eating. There was no documentation showing that the resident received hospice services. Review of the resident's nurses notes showed that she had 14 times in 3 months (2 in , 2018, 5 in 2018, 4 in , 2018, and 3

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**
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)

in 2018).

On at 3:10 PM, the Memory Care Manager revealed that Resident #17's were during evening. The resident's daughter did not want medications, and did not want the doctor see the resident.

Review of care services logs for residents in Assisted Living Memory Care Unit showed that they do not specify the type of care that the residents received.

On at 3:36 PM, the Memory Care Manager revealed that staff was supposed to completed the service log using the instructions at the top. She was not aware why staff left the log blank when resident was in the facility; neither why they staff were documenting with initials and not with the assistance that the resident was receiving. "I guess they assisted them."

On at 2:21 PM, the Assisted Living Supervisor revealed that she did not review care services log. The protocol was to review them in order to know if residents receive the services and to report to doctor if there were changes with residents. The purpose of reviewing care services logs was that she contacted doctor and informed about changes. She supervised 14 CNAs (Certified Nursing Assistants) and 6 nurses. At 2:27 PM, Assisted Living Supervisor clarified that they were 22 CNAs. CNAs reported to nurses and nurses reported to her verbally. She collected the information from CNAs and nurses from the communication log. Forms were generated base on 1823. The supervisor further stated that the forms were updated every 3 years or if a resident has a change in condition, and said a change in condition was if a resident went to hospital.

Class II

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

Based on record review, interview and observation, the facility failed to provide care and services appropriate of the needs of residents, and failed to offer personal supervision as appropriate for each resident to ensure awareness of the general health, safety, and physical and emotional well-being of 23 of 104 sampled residents (Residents #1, 3, 5, 6, 7,9,15, 17,18,21,23, 24,25,26,27,28,29,30,31,32,33,34, and 41). At least one resident following multiple over 6 months (#6). Two Residents experienced two with broken bones, head injury, (#7 and 15). Nineteen residents had repeated without intervention or acquired lacerations, , / , pain or (#1, 3,5,17,18,21,23,24, 25,26,27,28,29,30,31,32,33, 34, and 41). Two residents eloped from the locked memory care unit (#9 and 41).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

Findings included:

A review of the facility's census showed an occupancy of 104 residents. Review of facility logs, resident records and service logs showed that there were 81 from thru . The Assisted Living area had 53 and the Assisted Living Memory Care Unit had 28 , for a total of 81 among 53 residents. Of those, 53 residents, twenty two had injuries including broken bones, head injuries, , pain, or other conditions requiring medical attention.

A review of facility records showed that the main Assisted Living Unit had 85 residents. 43 of these 85 residents were identified as at risk for . Twenty three residents were identified on the health assessment as needing assistance and 25 as needing supervision with ambulation. Thirty eight residents needed assistance with bathing; of those, one needed total care and 18 required supervision. Twenty five residents needed assistance with dressing; of those, one needed total care and 23 needed supervision. Eleven residents needed assistance with eating and 16 needed supervision. Twenty-two residents needed assistance with and 25 needed supervision. Thirty-five residents needed assistance with toileting and 22 needed supervision. Twenty-five residents needed assistance with transferring and 17 needed supervision.

A review of facility records showed that the Assisted Living Memory Care Unit had 18 residents. Ten residents were identified as at risk for . Five of 18 residents needed assistance with ambulation, one needed total care and six needed supervision with ambulation. Eleven of 18 residents needed assistance with bathing, one needed total care and three needed supervision with bathing. Eleven of 18 residents needed assistance with dressing, one needed total care and three needed supervision. Six out of 18 residents needed assistance with eating and six needed supervision. Eleven of 18 residents needed assistance with and 5 needed supervision. Nine of 18 residents needed assistance with toileting, one needed total care and six needed supervision. Seven of 18 residents needed assistance with transferring, one needed total care, three needed supervision, and one was not identified as to what assistance was needed.

A review of facility records showed that the staff used a document called 'service log' to document the type of assistance provided to residents with bathing, dressing, toileting, ambulation, transferring, and hydration on 11pm-7am shift, 7am-3pm shift and 3pm to 11 pm shift. Review of service logs for 75 residents for the months of , and , showed that many days were not marked to indicate that residents received any assistance; other days were marked 'N' for not applicable, or 'I' for Independent. Twenty-two residents health assessments (Residents #1, 3, 5, 7, 15, 17, 18, 21, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, and 41) were compared the types of assistance resident needs with the types of assistance the service logs. Residents (#15, 24, and 27) did not have services logs.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

The 19 service logs
showed that the residents did not receive the type of care identified as needed on the health assessments.

On during the period from 5 AM to 6 AM six direct care staff were found on duty for a census of 104 residents. Of those 6 staff, 2 were found asleep on at 5:21 AM, responsible for the 18 residents in the Memory Care Unit. One staff was found on the third floor, responsible for 25 residents. One staff was found on the second floor, responsible for 21 residents who needed assistance, and an additional 10 residents on the same floor who were thought to be independent. Two staff were assigned to the first floor, however neither of them were found between 5 AM and 6 AM.

On at 6:24 AM, Staff E was found and stated that she was unable to adequately care for the 15 residents for whom she was responsible on the first floor. She received a radio when she came on duty, which left her unable to radio for assistance if it was needed. She stated that the other staff on that floor was responsible for the other 15 residents. She also stated that if there were medical concerns, they were instructed to call the nurse in the 'health center'. She had needed this nurse's assistance once, and the nurse came about an hour after the staff called.

On at 12:53 PM, Staff F revealed that she worked days shift four days per week. She stated that the facility changed the staff assignments from one area to the other each day, so she wouldn't know resident needs without looking at records. She stated there were two staff per floor and one nurse, and that nurses gave the medications. She further stated "We have in the book where it indicates what kind of help the resident needs." She said the form indicating needs could be completed according to a resident's preference, or doctor's assessment. Staff knew resident needs because they were written on the TAR (Treatment Administration Record). She said the staff completed a Service Log sheet and the communication log, and that she usually cared for around 12 residents per shift. She stated that most people needed supervision or assistance.

On at 1:40 PM, Staff M revealed that the staff used the TAR book. That book was used to let staff know how to take care of the residents. Staff had to document on the TAR book using they key at the top of the page to show what services were given. When staff arrived at a resident's unit, if the resident already looked dressed or completed the task on their own, she documented what the resident said.

On at 2:01 PM, Staff N stated that she was assigned to 15 residents on her shift. Every day, there was a different type of help they needed. She went to the 24 hour book, and if the resident had done the task by themselves, she would write 'no assistance.'

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

On at 2:20 PM, the Administrator stated that the Assisted Living Supervisor was responsible for reviewing the log of care and services which had been provided.

On at 2:21 PM, the Assisted Living Supervisor stated she did not review care services log. The protocol was to review in order to know if residents received the services and to report if there were change with residents. She was responsible to contact doctors and inform them about changes. She supervised 14 CNAs (Certified Nursing Assistants) and 6 nurses. At 2:27 PM, the Assisted Living Supervisor clarified that they were 22 CNAs. She said CNAs reported to nurses and nurses reported to her verbally. She collected the information from CNAs and nurses through the communication log. Forms were generated base on residents' health assessments.

On at 3:36 PM, the Memory Care Manager stated that staff was supposed to complete the service log using the instructions at the top of the form. She was not aware why her staff had left the log blank when residents was in the facility, and she didn't know why they were documenting with initials and not by writing the assistance that the resident was receiving. She stated "I guess they assisted them." The next day, on at 3:10 PM, the Memory Support Manager reiterated that Staff probably forgot to sign the service logs. She stated that she reviewed the service logs and tried to get back to staff and find out what happened. She further stated that she supervised 17 staff between CNAs and nurses.

1)
Review of Resident #6's health assessment completed on showed medical history and diagnoses of , dyslipidemia, , , , chronic back pain lumbar , degenerative of macula, recurrent , , , and hyponatremia. The resident needed assistance with ambulation, bathing, dressing, , toileting, and transferring and supervision for eating. The resident on and was hospitalized for injury. On the resident and paramedics were called but the resident refused to go to the hospital. On she was found on the floor by staff after falling backward. On the resident again, had on her head (hematoma) and was hospitalized due to multiple .

According to the resident record and neurologist note dated , the resident every day (nights). There was no documentation that an assessment to determine the resident's need for a higher level of care was conducted. Further record review showed that on at 6 PM, the resident was found unresponsive on the floor, full code (not breathing, no pulse). A staff person performed until paramedics arrived, and the resident was revived and hospitalized. She never regained functioning and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

2)
Review of Resident #7's record showed that the resident had diagnoses and medical history of , fib with , , with , , , chronic left knee pain, right parieto-occipital infarct. Resident was supervision with ambulation, eating, and transferring, and assistance with bathing, dressing, , and toileting. The resident on at 1:40 PM on his right side arm; the resident had facial grimacing and groaning upon movement of his arm. An X-ray completed on at night and results showed that the resident had an acute right surgical neck . There was no documentation in the resident record indicating any follow up care coordination.

3)
Review of Resident #15's record showed that medical history and diagnoses were , right , right leg , , chronic kidney , , and . The health assessment showed the resident needed precautions and assistance with ambulation, bathing, dressing, , toileting, and transferring and supervision for eating. The resident suffered a pelvic on 2017, a left hip in , 2018, a hematoma on 2018 and broken hips and shoulder , 2018.

On at 1:50 PM, Resident #15's family friend revealed that she had some concerns regarding the resident's care in the facility. She said the resident had at the facility around two weeks earlier and hurt her hip.

On at 6:26 AM, Staff C stated, "I have not seen any . The only one that had a was Resident #15. She had a , was found on the second floor. I do not know how it happened because she was with another nurse. No, I do not remember at the time and did not see her . It is only myself and Staff D on this shift."

On at 6:34 AM, Staff D stated, "I had not witnessed any in the past two months." However, the staff then stated ,"The one I heard she was Resident #15. She was found on the floor. I believe she had a . Rescue was called for her. No, we do not have a nurse on this floor, if we have an emergency we call the nurse from the health center and she will call emergency department for us."

4) Review of Resident #1's record showed that the health assessment completed on . It identified the resident as precautions. It showed that the resident needed assistance with ambulation, dressing, eating, self-care ( ), toileting, transferring, and bathing.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

Review of Resident #1's Care Service Log for A 2018 during 11 PM- 7AM showed that the resident needed assistance with Bathing, dressing, toileting, ambulation, transferring, ... Care service log from , 1-31, 2018 revealed that the resident needed assistance with bathing, was marked N= Not applicable (Did not occur). There was no record of the observations having been reported to the health care provider.

5) Review of Resident #3's record showed that she was identified in the health assessment with precautions. The resident had diagnoses and medical history of ... Aneurism, Parkinson, (...). The resident had balancing , endurance , and mobility .... The resident needed assistance with ambulation, bathing, dressing, eating, toileting and transferring, and supervision with ... On the resident off bed. On the resident had laceration/hematoma to right side of forehead after a . Resident #2 (Resident #3's husband) provided assistance to Resident #3 with transferring. On the resident and had tear to right big toe. ... the resident , hit her right lower leg, and got a .... On ... the resident . On am at 8:48 am, Resident #2 stated that the staff was slow to respond when they pulled the call bell and needed assistance, sometimes taking 20 minutes to respond.

6)
Review of Resident #5's record showed that she needed and precautions. The resident had diagnoses and medical history of ..., gait imbalance, left foot deformity, increased . She was independent for eating, and self-care, needed supervision with ambulation, dressing, toileting and transferring, and assistance with bathing. The resident on at 10:10 PM and had generalized body pain, a hematoma noted on the back of head, and she went to the hospital. On at 10:45 PM the resident had a to her right lower leg. Resident did not recall how it happened. On at 4:50 PM the resident and had a to right elbow. On at 10 AM the resident was in shower and in front of aide. On at 6:08 PM the resident and had to left . On at 8:30 AM the resident lost balance after coming out of shower and . On at 9 PM med tech reported that the resident got out from bed with walker, lost balance, backward on the floor, complained of pain to right hip and went to hospital. The resident on at 3 AM had a on the right hand and a bump on head.

7)
Review of Resident #17's record showed that needed precautions. The resident had diagnoses and medical history of , muscle . The resident needed assistance with , total care with ambulation, bathing, dressing, toileting, and transferring and independent for eating. The resident has 14 times in 3 months (2 in , 2018, 5 in 2018, 4 in , 2018,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

and 3 in 2018).

8)
Review of Resident #18's record showed that he needed precautions. The resident had diagnoses and medical history of , AMS, , , , , . The resident needed assistance with ambulation, bathing, transferring, dressing, toileting and , was independent for eating. The resident on at 1:40 PM, on at 3 PM, on at 2:15 PM, at 7 AM, and 06 at 11:40 AM.

9)
Review of Resident #21's record showed that he needed precautions. The resident had diagnoses and medical history of , , , , . The resident needed supervision with ambulation, bathing, dressing, , toileting, eating, and eating. The resident on at 7:30 PM and had .

10)
Review of Resident #23's record showed that she needed precautions. The resident had diagnoses and medical history of chronic , mild , , , , acute , , , acute , , , , hyponatremia, , , Barrell's , . The resident was legally . The resident needed assistance with ambulation, bathing, dressing, , toileting and transferring, and supervision with eating. The resident on and had .

11)
Review of Resident #24's record showed that he needed precautions. The resident had diagnoses and medical history of status post , r/t (related to) , and , right basolar PNA (,), kidney stones, , , , prostatic hyperplasia, , , , HL , , , . The resident needed supervision with ambulation, bathing, dressing, , and toileting, assistance with eating, and independent with eating. The resident on at 11:20 PM and had .

12)
Review of Resident #25's record showed that she was identified in the health assessment with precautions. The resident had diagnoses and medical history of and decline. Resident needed with ADLs (activities of daily living). The resident needed supervision with ambulation, bathing, dressing, , toileting, eating, and transferring. The resident on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**

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)

at 8:30 AM and hit her head, complained of , not feeling good, and a .

13)
Review of Resident #26's record showed that she needed precautions. The resident had diagnoses and medical history of , , , , , and sinus status post , CAP (Community acquired). The resident needed assistance with ambulation, bathing, dressing, , transferring and toileting, supervision with eating. The resident on at 6:30 PM and had a . On the resident backwards in the went to emergency .

14)
Review of Resident #27's record showed that she needed precautions. The resident had diagnoses and medical history of , , , , , osteopenia, , , incontinence, fib. Resident had gait instability and high risk. Resident needed to be monitor for wandering. The resident needed assistance with bathing, , and toileting, supervision with ambulation, dressing, eating and transferring. The resident on at 6:30 PM, she had on hands and walls. On at 7:50 PM resident unable to bear weight on left leg.

15)
Review of Resident #28's record showed that she needed precautions. The resident had diagnoses and medical history of fib, , , and . The resident was independent for ambulation, dressing, eating, and transferring and needed supervision with bathing and . The resident on at 7:50 PM, walker was broken and sent to emergency ; the resident was unable to bear weight on left leg and leaning on the left side.

16)
Review of Resident #29's record showed that he needed precautions. The resident had diagnoses and medical history of subarachoid , general , hyperplasia, , left ear repair, , , , right hand amputation. The resident needed assistance with bathing, dressing, and toileting, needed supervision with ambulation, , and transferring, was independent for eating. The resident on at 1:28 PM and had skin to left elbow of 2 cm.

17)
Review of Resident #30's record showed that she needed precautions and wandering. The resident had diagnoses and medical history of 's, , , incontinence, ,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

unstable gait. The resident needed assistance with bathing, toileting and transferring, needed supervision with ambulation, dressing, eating, and ـ ـ ـ. The resident on at 7:30 PM and had a on the left eye.

18)
Review of Resident #31's record showed that she needed precautions. The resident had diagnoses and medical history of , , , , and . Resident had imbalance. The resident was independent with ambulation, dressing, eating, ـ ـ ـ, toileting, and transferring, needed supervision for bathing. The resident on at 10 AM and had .

19)
Review of Resident #32's record showed that she needed precautions. The resident had diagnoses and medical history of Parkinson's , , history of pelvic , right , femur . The resident needed assistance with ambulation, bathing, and transferring, needed supervision with dressing, toileting and ـ ـ, was independent for eating. The resident on at 6:20 PM and had skin scraped off to her mid back.

20)
Review of Resident #33's record showed that she needed precautions and had an unsteady gait. The resident had diagnoses and medical history of Left Hip , A-Fib, Generalized , gait disturbance. The resident needed supervision with ambulation, dressing, self-care (ـ ـ ـ), toileting, has checked off for both supervision and ambulation for transferring, needs assistance with bathing and is independent with eating. The resident on at 5:30 PM and had to left arm. On at 9:50 AM, the resident was found sitting on the floor on her right side with her head against the closet door, the wheelchair behind her and her blue sweat pants at her ankle. The resident sustained a to her right and left elbow, mild ـ to her left hand and complaint of pain to her right leg. The resident informed to one of the nurses that she was trying to dress herself and . The resident went to the hospital.

21)
Review of Resident #41's record showed that she was identified in the health assessment with special precautions of . The resident had diagnoses and medical history of , , , , and . The resident needed supervision with ambulation, eating, toileting and transferring, and assistance with bathing, dressing, and self-care (ـ ـ ـ).

Review of Resident #41's nurses' notes showed that a nurse completed weekly skin check on at 8 PM. No new skin issues noted, skin was intact and warm to touch. A nurse completed weekly skin

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

check on at 11:40 AM. No new skin issues noted, skin was intact, pink and warm to touch. On at 10:35 PM, the resident was verbally and physically aggressive to other resident, the resident punched another resident in the face and held the other resident right arm and would not let go. On at 8:40 AM a nurse observed a bluish-purple discoloration to the inner area of left wrist. The three shift CNAs (certified nursing assistants) were questions about the discoloration and it was of unknown source. On the resident was found on the floor. The was unwitnessed. The resident had on left frontal, under eye, left side of nose and left knee. The resident had scratch marks on areas and complained of pain on left hip. On at between 1 AM and 1:30 AM, the resident was found lying down in the floor near to bed in her . The resident had a large with . On found sitting upright next to bed sometime after 2 AM. The resident had some redness on the . The resident had red/purple discoloration to sacral area of approximately 9 x 3.5 cm. On at 11:40 PM the resident was found lying on the floor on her left side. One of the CNAs revealed that the resident jumped out of the wheelchair.

Review of Resident #41's Care Service Log for , 2018 7AM -3PM 1-10 and 17, 18, 19, 29, 30, and 31 it was marked N= Not applicable (Did not occur) for bathing and the rest of ADLs in the whole month were initialed by staff. There was no record of the observations having been reported to the health care provider.

22)
A review of progress notes showed that Resident #9 eloped from the memory care unit on .
She opened the door of the North West exit and used the stairs to go and enter the third floor long - term care unit.

On at 11:06 AM, Memory Support Manager stated "Resident #9 is exit seeking. The resident wanders and she tries to get out. The resident she was on the other side (Assisted Living Unit) and then she was transferred to the Memory Care Unit. The resident was able to get out because there are two exits from the stairs. The resident was able to read the sign on the emergency exit that says the doors will open if you hold the door for 15 seconds. We cannot stop them, we monitor and redirect them back. I am not 100 percent sure if the resident's daughter told her doctor. The resident's daughter takes her to the doctor in the community, and I am not sure if she was evaluated by her doctor. If anybody gets out we will call security and let them know they went out of the locked unit."

23)
Review of Resident #34's record showed that health assessment was completed on . Special precautions were need because that the resident left the premises unattended, needed careful supervision as to location and mental status and was an elopement risk. The resident had medical

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

history and diagnoses of type II, with behavior disturbance, , , , , and Prostatic Hyperplasia. Resident with excessive wandering. According to health assessment the resident needed supervision with ambulation and was independent for bathing, dressing, , toileting, transferring and eating. Resident pose a danger to self or others occasionally due to mood variations.

Review of facility's adverse incident report showed that on at 8:00 PM while facility staff found that Resident #34 was missing from his apartment. The resident was not found on the property. At 9:10 PM, the facility received a phone called from a person from outside the facility asking if they knew Resident #34. That person found the resident walking around the neighborhood, and stopped to ask him if he needed help. The resident returned to the facility with the security supervisor at 10:20 PM.

Class I

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on record review and interview the facility failed to treat the resident with respect and consideration. The failed to respect the resident's right to unrestricted private communication and access to a telephone for one out of two sampled residents (Resident #1).

Findings:

A review of Resident #1's file showed the resident was admitted , health assessment dated , documented medical history and diagnoses: back pain, advanced , , , high , multiple , , . Physical or sensory limitations: or behavioral status: . The resident needed assistance with all activities of daily living. The resident needed medication administration.

A review of Resident #1's power of attorney (POA) showed the first daughter designated and successors as second daughter and son. Further review of the power of attorney revealed there was no documentation that the assigned power of attorney was allowed to place restrictions on the resident's phone or any form of communication.

On at 2:27 PM, when interviewed, the Administrator stated the resident had a boyfriend when she was living in New York and according to the family, the boyfriend would call her at all hours and was verbally with the resident. She was brought to Miami by the family and was placed in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

the facility. The family placed a restriction on the phone calls from the boyfriend because they did not want the resident to get upset when he called. The family of the boyfriend wanted to keep them together and even visited the facility. The daughter of the boyfriend and the boyfriend visited the facility and wanted the resident to return to New York to keep them together. But the resident's family did not agree. The Administrator stated that the facility had to restrict the visits from the boyfriend and his phone calls because he was visiting too often and his phone calls were disruptive.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation and interview, the facility failed to ensure that licensed staff followed the correct procedures during medication administration for one out of 104 sampled residents (#3). Licensed staff did not wash hands nor use hand sanitizer before administering medication to the resident, touched medications directly with her hands and did not initial the Medication Administration Records (MARs) when finished.

Findings included:

On at 8:57 AM Licensed Practical Nurse (LPN) A arrived to Resident #2's . The LPN did not wash her hands. She took out medications out from the lock cabinet in the kitchen for Resident #2. The nurse pulled out medications from the medication cards, took them with her fingers, and placed them in a small disposable plastic cup. LPN went next to the resident and placed medications with spoon inside the resident's mouth. LPN verified that resident swallowed medications, initialed the MARs, locked medication and left the . LPN did not initial the MARs and did not wash her hands. The LPN was also observed touching her hair with the ungloved hands before administering the medication.

On at 9:03 AM LPN stated, regarding the MAR, "Usually I sign them in the , I am rushing."

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to keep medications secured at all times.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

1) On at 8:12 AM, observed medications NA, 250 Mg Cap and 100000 Unt/ unsecured in . The medication was prescribed for Resident #21.

On at 8:12 AM, Resident #21 stated he used one of the medications for a . The resident said he usually got his medications from the nurses in the morning.

Review of Resident #21's record showed that health assessment completed on . It showed that the resident needed help with taking his medications. It did not show the type of help that the resident needed; it was blank.

2) On at 8:56 AM, observed medications unlocked in the kitchen on top of the counter in . Medications were: , Cap 100 mg, tab 12.5 mg, and ER tab 1000 mg labeled for Resident #2. There were small, round, white pills at the top of 's bottle. There were also bottles of Fish Oil 1200 mg, 220 mg, and E 600 IU.

Observation on at around 9:00 am showed that husband and wife, Residents #2 and #3 lived in . Review of Resident #3's health assessment completed on showed that the resident had diagnoses and medical history of Aneurism, Parkinson, ( ). The resident had balancing , endurance , and mobility / behavioral status showed that the resident had and Parkinson. The resident needed assistance with ambulation, bathing, dressing, eating, toileting and transferring, and supervision with . The resident needed assistance with medication administration.

On at 2:46 PM the Registered Nurse revealed that residents with cannot take medication alone, because it can cause big issues. She acknowledged that an overdose, depending on the medication, can cause .

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and interview, the facility failed to have enough qualified staff to provide resident supervision, and to provide or arrange for residents' scheduled and unscheduled service needs. The facility had 104 residents and 53 out of 104 were at risk for . There were 82 in the facility from thru . Two staff on the night shift were found sleeping.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

Findings:

Review of resident, hospital and facility records showed that at least one resident following multiple over 6 months (#6). Two Residents experienced more than one with broken bones, head injury, (#7 and 15). Nineteen residents had repeated without intervention, or acquired lacerations, , pain or (#1, 3,5,17,18,21,23,24, 25,26,27,28,29,30,31,32,33, 34, and 41). Two residents eloped from the locked memory care unit (#9 and 41). (Cross reference Citation 0025.)

On at 8:39 AM Staff H revealed that calls go to the nursing station and Certified Nursing Assistants' (CNAs') beepers.

On at 3:10 pm, the Memory Support manager revealed that staff conducted rounds every hour. She stated that staff did not sleep during the night because all residents were at risk for .

Review of the staff schedule for the overnight shift (10:45 pm- 7:15 am) on to showed that four staff were listed (Staff E, O, P and Q). Staff C and D were scheduled on the memory care unit from 10:45 PM to 7:15 AM. Further review of the staff schedule showed that there was no nurse assigned to the facility on the overnight shift.

On at around 5:17 am, observed that there were no staff in the lobby. A sign on the entrance counter read 'Call security ... or see the Nurse Supervisor on the second floor.' Observed that there was no nurse on the first, second or third floor.

On during the period from 5:17 AM to 6 AM, toured the facility seeking the six direct care staff scheduled to be on duty for a census of 104 residents (Staff C, D, E, O, P, and Q). On at 5:21 AM, on the closed in the memory care unit, observed Staff C and D seated in the television area with their eyes closed. Staff C's sweater was over her head. Both staff appeared to be asleep. Resident #18 sat in front of Staff C and D. The resident was awake, with his walker next to him. Staff C and D were responsible for the 18 residents in the Memory Care Unit.

On at around 5:28 am, observed a staff beeper unattended on a table on the right side of the hallway. The beeper was going off. Further observation at 5:36 am showed Staff Q found on the third floor, responsible for 25 residents. Staff Q, when asked about the beeper, stated that it belonged to another staff. She stated that the beeper was activated by a call from a nearby unit and only rang to the other staff's beeper, but that the resident in that unit didn't need assistance. She further stated that she kept the beeper because she was the only person on duty on the third floor each night. At 5:30 am,

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

observed no staff on the second floor.

On at 5:39 am, the call light in the ladies the first floor was pulled. Security Officer A, who was stationed outside of the facility, answered the call. No direct care staff came.

On between 5:20 am and 6:20 am, observed two female residents walking around the first floor. One resident refused to give her name at first but later identified herself as Resident #89, and the second resident did not know her name or what floor she lived on. The second resident was asked to have a seat until staff arrived, and she did. At around 6:24 am, Staff Q came downstairs, and when asked, stated that the second resident lived on her floor (3rd floor), but Staff Q could not recall the resident's name or unit number.

On at 6:24 AM, Staff E was found and stated that she was unable to adequately care for the 15 residents for whom she was responsible on the first floor. She stated that she'd received a radio when she came on duty, which left her unable to radio for assistance if it was needed. She stated that the other staff on that floor was responsible for the other 15 residents. She also stated that if there were medical concerns, they were instructed to call the nurse in the 'health center'. She had needed this nurse's assistance once, and the nurse came about an hour after the staff called.

On at 6:35 am, observed Staff P on the second floor, responsible for 21 residents who needed assistance, and an additional 10 residents on the same floor who were thought to be independent. Staff E and O were assigned to the first floor, however neither of them were found until around 6 AM.

Review of facility incident reports, resident records, hospital records and staff schedules showed 82 resident from thru . The Assisted Living Unit had 54 of these . There were 7 in , 2018; 3 were on 7 am-3 pm shift, 3 were on 3 pm - 11 pm shift, and 1 was on 11 pm -7 am shift. There were 15 in 2018; 6 were on 7 am -3 shift, 2 were on 3 pm- 11 pm shift, and 7 were on 11 pm -7 am shift. 13 out of 15 were unwitnessed. There were 24 in , 2018 had: 7 were on 7 am -3pm shift, 15 were on 3pm - 11pm shift, and 2 were on 11 pm -7 shift. There were 8 in 2018 had 7 ; 3 were on 7 am -3 pm shift, 4 were on 3 pm -11 pm shift, and 1 was on 11 pm -7 am shift. The Assisted Living Memory Care Unit had 28 of these . There were 10 in , 2018: 3 were on 7 am -3 pm shift, 4 were on 3 pm -11 pm shift, and 3 were on 11 pm -7 am shift. 7 out of 10 were unwitnessed. There were 6 in 2018; 5 were on 7 am -3 pm shift, 6 were on 3 pm - 11 pm shift, and 1 were on the11 pm -7 shift. 9 out of 13 were unwitnessed. There were 8 in , 2018; 2 were on 7 am -3 pm shift, 3 were on 3 pm - 11 pm shift, and 2 were on 11 pm -7 am shift. 6 out of 8 were unwitnessed. There were 4 in 2018; 2 were on 3 pm-11 pm shift, and 2 were on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

11 pm -7 am shift.

Further record review showed the Assisted Living Unit had 85 residents. Forty-three out of 85 residents were identified as risk for . Twenty-three resident identified as needing assistance and 25 needed supervision with ambulation. Thirty-eight residents needed assistance, 1 resident required total care and 18 needed supervision with bathing. Twenty-five residents needed assistance, 1 needed total care and 23 needed supervision with dressing. Eleven residents needed assistance and 16 needed supervision with eating. Twenty-two residents needed assistance and 25 needed supervision with . Thirty-five residents needed assistance and 22 needed supervision with toileting. Twenty-five residents needed assistance and 17 needed supervision with transferring. The Assisted Living Memory Care Unit had 18 residents. Ten out 18 residents were identified as risk for . Five out of 18 residents needed assistance, 1 total care and 6 supervision with ambulation. Eleven out of 18 residents needed assistance, 1 needed total care and 3 needed supervision with bathing. Eleven out of 18 residents needed assistance, 1 needed total care and 3 needed supervision with dressing. Six out of 18 residents needed assistance and 6 supervision with eating. Eleven out of 18 residents needed assistance and 5 supervision with . Nine out of 18 residents needed assistance, 1needed total care and 6 supervision with toileting. Seven out of 18 residents needed assistance, 1 needed total care, 1 was not identified, 3 needed supervision with transferring.

Class I

0081 - Training - Staff In-Service - 58A-5.0191(2-3) FAC

Based on record review and interview, the facility failed to ensure that staff received a minimum of 1 hour in-service training within 30 days of employment that covered resident rights in an assisted living facility and recognizing and reporting resident , neglect, and , for one out of 18 sampled staff (L).

Findings included:

Review of Staff L's personnel record showed a hire date of . There was no documentation that the staff completed training on resident rights in an assisted living facility, or on recognizing and reporting resident , neglect, and .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

On . . . . . at 1:51 PM, Staff K revealed that Staff L had not completed those trainings.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview the facility failed to provide a clean and safe living environment, free of hazards.

Findings included:

1) On . . . . . at 8:10 AM during a facility tour observed in . . . #1271, #1204, #1206, #1408, #1219, an odor resembling .

2) On . . . at 8:12 AM, Resident #20 stated there was 'loads of white dust' all over her . She did not know where the dust was coming from and had spoken to the facility about it: the resident was concerned about her health because she was breathing in that white dust.

On . at 11:40 AM observed the Resident #20, # with the Administrator that there was white dust covering the resident's refrigerator, plants, dresser and the light fixtures in the .

On . . . . at 11:43, the Administrator stated that she contacted maintenance and they informed her that it could be dust from the upstairs . . . . had some recent work done. The Maintenance Person went to the resident's noticed that it was dust coming from the air vent in the resident's .

On at 2:17 PM the Administrator stated "We do the cleaning once a week."

3) On . . . . . at 8:00 AM during facility tour observed in # the floor of the dusty and sticky, with wheelchairs marks on the floor.

Class III

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

Based on record review and interview, the facility failed to have an accurate health assessment for 11 out of 104 sampled residents (#3, #8, #11, #13, #14, #18, #27, #28, #29, #31, and #41).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

Findings included:

Review of Resident #3's record showed that the health assessment was completed on . . . . . The question of whether the resident needed help taking her medication was blank, while the box below this question was marked that the resident needed medication administration.

Review of Resident #8's record showed that the health assessment was completed on . . . . . The resident was marked as needing both assistance and total care for ambulation, bathing, dressing, ... , toileting and transferring, and assistance and supervision with eating.

Review of Resident #11's record showed that the health assessment was completed on . . . . . The weight section was blank.

Review of Resident #13's record showed that the health assessment completed on . The height and weight sections were blank.

Review of Resident #14's record showed that the health assessment completed on . . . . It showed that the resident was independent and needed supervision for ambulation.

Review of Resident #18's record showed that the health assessment did not have have the examination date.

Review of Resident #27's record showed that the health assessment was completed on . . . . . The question of whether the resident needed help taking her medication was blank. The boxes indicating whether the resident needed assistance with self-administration of medication or needed medication administration were also blank.

Review of Resident #28's record showed that the health was assessment completed on . The height section was blank.

Review of Resident #29's record showed that the health assessment was completed on . . . . . It showed that the resident needed help taking his medication. It did not show if the resident needed assistance with self-administration of medication or needed medication administration.

Review of Resident #31's record showed that the health assessment was completed on . . . . . It had blank the question if the resident needed help taking her medication and in the box below it was marked

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018
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)

that the resident needed medication administration.

Review of Resident #41's record showed that the health assessment was completed on . The height section was blank. It indicated that the resident needed help taking her medication but it did not show what kind of help.

On at 2:40 PM the Registered Nurse revealed that she was responsible for reviewing the health assessment and contacted health care providers as needed if they had problems.

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 submit an adverse incident report within one business day after the incident and within 15 days of the incident to AHCA for seven out of one hundred and four sampled residents (Resident #9, #15, #26, #28, #30, #34, and #41).

Findings Included:

1) Review of the facility records and the Agency for Health Care Administration's incident report database revealed that several resulting in injury and/or treatment at a higher level of care, which the facility could have prevented by implementing prescribed precautions, were not reported.

2) Review of Resident #26's health assessment showed the resident needed precautions. The resident had diagnoses and medical history of , and sinus status post , CAP (Community Acquired). The resident needed assistance with ambulation, bathing, dressing, , transferring and toileting, and supervision with eating. The resident on at 6:30 PM and had a . On the resident backwards in the went to emergency . There was no documentation of interventions or precautions being put in place.

3) Review of Resident #28's health assessment showed the resident needed precautions. The resident had diagnoses and medical history of , and . The resident was independent for ambulation, dressing, eating, and transferring, and needed supervision with bathing and . The resident on at 7:50 PM. The resident's walker was broken and she was sent to emergency . The resident was unable to bear weight on left leg and was leaning on the left side. An incident report was not submitted, and there was no documentation

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	08/14/2018

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)

of additional interventions or precautions being put in place.

4) Review of Resident #30's health assessment showed that the resident needed precautions for and wandering. The resident had diagnoses and medical history of 's, incontinence, , and unstable gait. The resident needed assistance with bathing, toileting and transferring, needed supervision with ambulation, dressing, eating, and . The resident on at 7:30 PM and had a on the left eye. An incident report was not submitted, and there was no documentation of precautions or interventions.

5) On at 10:41 AM, observed Resident #41 with two bluish/ purple skin discolorations on the left arm. One of them was by the left wrist, inner area and the second one one was above the first.

Review of Resident #41's nurse's notes showed that a nurse completed weekly skin check on at 8 PM. No new skin issues noted, skin was intact and warm to touch. A nurse completed weekly skin check on at 11:40 AM. No new skin issues noted, skin was intact, pink and warm to touch. On at 10:35 PM, the resident was verbally and physically aggressive to other resident, the resident punched another resident on the face and held the other resident right arm and would not let go. On at 8:40 AM a nurse observed a bluish-purple discoloration to the inner area of left wrist. The three shift CNAs (certified nursing assistants) were questions about the discoloration and it was of unknown source. There was no documentation of or incident reports or interventions regarding the incidents.

6) Review of Resident #15's record showed medical history and diagnoses of , right , right leg , , chronic kidney , and . Resident identified with precautions in the health assessment. According to health assessment the resident needed assistance with ambulation, bathing, dressing, , toileting, and transferring and supervision for eating. The resident suffered a pelvic after a in the facility on 2017, a left hip after a in the facility on , 2018, hematoma on 2018. No incident reports were filed.

7) Review of Resident #9's record showed that medical history and diagnoses were memory loss, hyper , high , , and , . The resident needed assistance with bathing and was independent with ambulating and showering, needed supervision with dressing, eating, and toileting. On the resident eloped from the locked memory care unit by one of the and was found in the 'Health Center' on the third floor several hours later. No incident report was filed regarding the elopement and no interventions were documented.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	**08/14/2018**
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)

On at 11:06 AM, Memory Support Manager stated "Resident #9 is exit seeking. The resident wonders and she tries to get out. The resident she was on the other side (Assisted Living Unit) and then she was transferred to the Memory Care Unit. The resident was able to get out because there are two exits from the stairs. The resident was able to read the sign on the emergency exit that says the doors will open if you hold the door for 15 seconds. We cannot stop them, we monitor and redirect them back. I am not 100 percent sure if the resident's daughter told her doctor. The resident's daughter takes her to the doctor in the community, and I am not sure if she was evaluated by her doctor. If anybody gets out we will call security and let them know they went out of the locked unit."

On at 3:20 PM Administrator did not respond when asked about the adverse incidents.

Class III