STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968935	R **11/26/2018**
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 Survey (CCR#2018008955 and # 2018009455) Second Revisit was conducted on 26 and 27, 2018. East Ridge Retirement Village, Inc. with an extended congregate care component, had deficiencies identified at the time of survey:

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

Based on observation, record review, and interview, the facility failed to provide supervision as appropriate for each resident. The facility failed to effectively implement precautions to prevent continuous for one of 106 sampled residents. Resident #32 experienced six in under one month.(# 32 and # 5 had more than one).

Findings included:

Record review revealed Resident # 32 had on , , , , and .

On at 6:30 PM the Administrator stated that they have 2 aides and a nurse on each floor but they have 3 aides on the memory unit. Stated staff makes round every 2 hours and as needed.

On at 9:20 AM Staff E stated that Resident # 32 has with kyphosis and 's, but that the resident was alert and oriented x 3 and refused to call for help because she wanted to be independent.

On at 2:01 PM Staff E stated, "We talked to Resident # 32, we have an with the psychologist."

Uncorrected
Class III

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

Based on record review and interview, facility failed to have complete health assessment for three out of 106 sampled residents (#17 and #27).

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Findings included:

Review of Resident # 17's record revealed the health assessment completed on had the and the written but the section asking if the resident needed any help with medications was still blank.

Review of Resident # 18's record revealed that the health assessment completed on had the nursing/treatment/ services requirements section blank.

Review of Resident # 51's record revealed the health assessment completed on had the nursing/treatment/ services requirements section blank.

During the exit conference on Staff E stated at 2:45 PM that they would check all the health assessments and will bring the doctor to fix them.

Uncorrected
Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(&) 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 to AHCA for one out of one hundred and four sampled residents (Resident #45).

Findings included:

Record review of Resident # 45 revealed that on he pulled out the and had excessive uncontrolled from the .

Review of the incident report database revealed the facility had no filed an incident report with the agency.

Review of Resident #45's record showed that the admission date was on . Health assessment completed on . It showed medical history and diagnoses of advanced , , hearing loss, , . Resident was precautions. Resident needed supervision for ambulation, eating, and transferring, and assistance for bathing, , self-care and toileting. The resident had a . It was inserted on . The resident had excessive uncountable

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SUMMARY STATEMENT OF DEFICIENCIES
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from on . The resident was sent to the hospital.

On at 8:35 PM the Administrator stated that they did not consider that it was an adverse incident because it was not an event that the facility could have control of.

Uncorrected
Class III