STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

0000 - Initial Comments

A Standard Biennial Survey was conducted on and concluded on . The facility, Prestige Care Aventura LLC. had deficiencies at the time of the survey.

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

Based on record review and interview the facility failed to have written notes regarding care for one (#2) of five sampled residents.

Findings included:

Interview on at 9:30 am with Staff D revealed Resident #2 had care to her heel. A home health nurse was providing care. Staff D reported Resident #2 came from hospital with a on her left heel.

Record review revealed the facility did not have any home health documentation regarding the care or it's stage.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observation, record review, and interview the facility failed to follow scheduled activities.

Findings included:

Observation on from 8:45 - 2:30 pm revealed the facility did not any activities during survey. Staff D and F did not encourage or ask residents participate in any activities.

The activity calendar reflected the following activities: 10:30 am exercise and 1:30 pm bingo.

Interview on at 8:47 am Resident #1 stated, "There is nothing to do in this facility."

Interview on at 1:00 pm Resident #3 stated, " I would like to go to a daycare, we have nothing to do here."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review, and interview the facility failed to honor resident rights to live in a safe and decent environment and treated with dignity and respect for three (Residents #1, #3, and #4) out of five sampled residents.

Findings included:

1) Observation on at 10:00 am found Resident #3 asking questions and requesting assistance with the television to Staff F, however, Staff F was ignoring Resident #3 and responding with frustration. This behavior was also observed with Staff F, when staff was responding Resident #4.

Staff A sent an email on at 10:05 am stating Staff F was a good staff and residents wanted her, but Staff F was just loud. Staff A stated that he will talk to her about it, and he will give her another opportunity.

2) Observation on at 12:30 pm revealed that Resident #1 had a strong odor.

Interview on at 11:55 am Staff A stated that residents had a shower daily and brief change every two hours; however, it was not in writing. Staff A stated that he made sure that their residents had a good service.

Class III

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation and interview, the facility failed to follow the steps to assist one (#1) of four sampled residents with self-administration of medication outlined in the statues.

Findings included:

Observation on at 8:45 am revealed Resident #1 was sitting at the dining table with medication pills in cup next to her breakfast. Observation on from 8:45 am - 9:05 am found Staff D preparing and cleaning the kitchen, Staff F walking and assisting residents. At 9:05 am, Resident #1 put the pills in her and dropped one pill on the dining table. Staff D approached from the kitchen to the dining area and asked, "Did Resident #1 finish with her medications." Staff F stated, "Yes, she has

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	01/17/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESTIGE CARE AVENTURA LLC	19840 NE 26TH AVE AVENTURA, FL 33180

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

them all." Then, Staff D approached more closely to Resident #1 and saw the missing pill on top of the table.

Interview on at 9:05 am Staff D acknowledged that she did not follow proper procedure when assisting Resident #1 with self-administration of medication.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview the facility failed to maintain the medication observation record (MOR) for one of five sampled residents.

Findings included:

Record review revealed Resident #1's medication observation record (MOR) had two medications (100 mg and 0.0005%) signed during morning time; however, it indicated on the MOR as night medications.

Interview on at 9:30 am Staff D acknowledged that the MOR information for Resident #1 was not accurate.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on observation, record review and interview, the facility failed to have evidence of a negative ( ) examination documented on an annual basis for one (Staff B) of six staff sampled.

Findings included:

Record review revealed Staff B's last test ( ) was dated . The facility did not have an updated statement.

Interview on at 1:00 pm Staff D acknowledged that Staff B did not have an update statement that reflected freedom from .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

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

Based on record review and interview the facility failed to have evidence of two hours pre-service orientation training for two (D and F) of six sampled staff.

Finding included:

Record review revealed Staff D (hired) and Staff F (hired) did not have the two hours of pre-service orientation training on file.

Interview on at 11:00 am Staff D stated that they did not have that training.

Class III

0085 - Training - Nutrition & Food Service - 58A-5.0191(7) FAC

Based on record review and interview the facility failed to have an update food and service training for one (Staff F) of six sampled staff.

Findings including:

Observation on at 12:00 pm Staff F assisting resisting residents with their lunch.

Record review revealed Staff F (hired) did not have an update food training in file.

Interview on at 1:00 pm Staff D acknowledged that Staff F need an update food and service training.

Class III

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

Based on observation, record review, and interview the facility failed to have an update health assessment for one (#2) of five sampled residents.

Findings included:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969152	**01/17/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE CARE AVENTURA LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **19840 NE 26TH AVE** **AVENTURA, FL 33180**	

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

Observation on at 8:45 am found Resident #2 sitting on dining room in her wheelchair finishing her breakfast. Observed Staff F transferring Resident #2 at 10:05 am, on her wheelchair to a recliner to watch the television. Staff F assisted Resident #2 with standing up and transferring to the chair. Resident #2 needed assistance from a staff and her walker.

Resident #2's health assessment (dated) stated independent for ambulation and transferring.

Interview on at 10:06 am Staff D reported Resident #2 used to walk independently, but after Resident #2's hospitalization, she needed more assistance and supervision.

Class III

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview the facility failed to have an approved emergency management plan (CEMP) annually.

Findings included:

Observation on at 9:00 am revealed that the facility did not have current emergency management plan (approved 2018). The facility board did not have a comprehensive management plan (2018) at all.

Observation on at 2:00 pm showed Staff D searching through the facility files, and sending text messages to ask Staff A for the location of the CEMP 2018; however, she did not find it.

Record review revealed that the facility did not have a Comprehensive Emergency Management Plan (CEMP) approval letter 2018.

Interview on at 9:30 am Staff D acknowledged that the facility did not have an emergency management plan documentation, and she stated that Staff B could had it. However, it was not in the facility at the time of survey.

Class III