STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	**03/13/2019**
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 Complaint Investigation (CCR#2019001756) Survey was conducted on . . . . . Sterling Aventura had deficiencies identified at the time of the investigation.

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

Based on observation and interview, the facility failed to provide a safe living environment for one out of eight sampled residents (Resident #1).

Findings included:

On . . . . . at 10:02 AM observed Staff C spraying an insecticide in Resident #1's room while the resident was sitting in the room. The room was closed off. There were no opened windows or doors in the room. Resident #1 was breathing the insecticide vapor.

In an interview on . . . . . at 10:07 AM, Resident #1 stated "they clean once a week. I have a lot of roaches here."

In an interview on at 11:43 AM, the Administrator stated "Oh that is not right."

Class III

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

Based on record review and interview, the facility failed to decent and clean living. The facility also failed to ensure that a cat who was living with a resident was .

Findings included:

1) During a tour of the facility on at 9:10 AM observed and live roaches in several rooms in the facility. Also, the carpet in many rooms was stained and had strong odor and . . Further observation showed a big cat in # .

In an interview on at 10:07 AM, Resident #1 stated "they clean once a week. I have a lot of roaches here."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	03/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING AVENTURA	**2777 NE 183rd ST AVENTURA, FL 33160**

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

In an interview on at 11:43 AM, the Administrator stated "We just did some cleaning. We have done a lot , in # We pull the carpet and replaced it with wood floor." She added "No, I don't have a log for the cat ."

2) The Department of Health unsatisfactory inspection dated :
-Violation #20. Cleaning/Odors
Clean and sanitize rooms free from objectional odors in , observed during the inspection.
Clean and sanitize cabinets in , , , 215 and 413 where cockroaches where observed.
Clean floors of from dirt and food deposits.
-Violation #27. Infestation/Presence
Observed live and cockroaches in . Contact a pest control company that practices integrated pest management for the elimination and control of pest.
Clean and sanitize floors, cabinets, behind and underneath furniture and TV stand where and live cockroaches where observed in .
-Violation #45. Other
Provide documentation of of , cat observed in .

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observation, record review, and interview, the facility failed to acquire a sufficient alternate power source such as a generator(s), maintain at the assisted living facility, to ensure that current licensees of assisted living facilities will be equipped to ensure air temperatures will be maintained at or below 81 degrees Fahrenheit for a minimum of ninety-six (96) hours in the event of the loss of primary electrical power.

Findings included:

A review of Florida Health Finder Database showed that the facility implementation extension date was expired on .

On at 10:37 AM observed a generator with a capacity of 500 gallons of fuel storage in the of the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965733	**03/13/2019**
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)

On [redacted] a review of a generator assessment done by a company dated [redacted] stated the facility needed "a new full building generator" to meet the states requirements. Based on another assessment completed on [redacted] by another company "the fuel capacity shall be no less that 2,208 gallons."

In an interview on [redacted] at 10:58 AM, the Administrator stated "yes, this is the existing generator. We have not received the new one yet. I required an extension." Informed to the Administrator the extension was expired on [redacted]. She said "I am sure I have a new extension, hold on let me call the guy."

Class III