

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969174	(X3) DATE SURVEY COMPLETED R 03/18/2019
NAME OF PROVIDER OR SUPPLIER NEW ERA COMMUNITY HEALTH CENTER LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1351 N KROME AVE HOMESTEAD, FL 33030	

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

0000 - Initial Comments

A Standard Biennial Second Revisit Survey was conducted on 03/18/19. New Era Community Health Center LLC with limited mental health component had the following uncorrected deficiency identified at the time of the survey:

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

Based on record review and interview, the Assisted Living Facility failed to file an initial adverse incident report with the agency within 1 business day and a full adverse incident report within 15 days of the incident for one out of 12 sampled residents (#1) who was found unresponsive at the facility.

Findings included:

Review of the incident report database on at 1:29 PM showed that the facility did not file any adverse incident report after .

During survey conducted on and concluded on , records reviewed showed that:

- Review of fire rescue records revealed that on at 7:30 AM, the facility called the Emergency Medical Services (). arrived to the facility on at 7:36 AM. staff performed at arrival to the resident. Staff reported to that Resident #1 choked and collapsed five minutes prior to arrival. The resident was (). Resident #1 was not breathing and did not have a . removed the obstruction and the residents was treated, monitored and transported to the hospital. Resident #1 had a caused by / asphyxia.

- Review of hospital record for Resident #1 showed that he arrived to the hospital on at 8:30 AM. He was admitted on at 8:34 AM. The section of history of present illness showed that he had a , and () at the ALF (Assisted Living Facility). He received , amp of , and bicarb, and regained . The resident ate a bagel and choked on his food. The physical examination showed that he was intubated on support. Pupils were sluggishly reactive to light. He was comatose, to any verbal commands. He was and , his did not open at the arrival to the hospital.

On at 12:22 PM, the owner revealed that the facility hired an attorney. Their attorney recommended not to file the adverse reaction for the case of Resident #1 due to it happened long time ago.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED**

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On at 12:24 PM, the administrator confirmed that the facility did not file an adverse incident report with the agency for incident with Resident #1. Uncorrected Class III		