Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965733	A. BUILDING: _____ B. WING _____	06/05/2019

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Complaint Investigation (2019006808, 2019005013, and 2019004827) was conducted at Sterling Aventura on , , and concluded on . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 1 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide personal supervision to one of 13 sampled residents, Resident 3). The facility also failed to have care documentation available for review at the facility. Findings included: 1) On , , at 3:05 PM, the daughter of Resident 3 stated on an interview over the phone, "She the second month she was there. My dad a few months ago and they left him on the floor and did not do anything until the rescue arrived. When the incident happened, my father called me and I did not know what he was talking about because he has . They never called me. The police report showed that another resident my mom. I sent a letter to the facility and they never responded. Last year when she , she did not break anything and they did not transferred her to the hospital; when my dad , it was the same thing; nothing happened. I called the headquarters. The aid from the man	A 025		

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A 025	Continued From page 2 who [illegible] her came in and she told me that he was always very aggressive. The were at the hallway and I think they called 911. The thing is that they never call me for anything." On , at 1:36 PM, an investigator from the Department of Children and Family stated over a phone interview that the (Resident #3) became the victim because the agency sees it as lack of supervision on their part. On , at 8:10 AM, a family member of a resident from the 4th floor stated, "My dad is 98 but mentally stable. I have 2 private that take turns and are with him 24 hours a day. The facility has not enough staff to care for all the residents. My dad has his routine and like to take a bath in the morning at certain time. He is in hospice now. If you come in the evening, there is only one person for floor. He rings the bell for assistance but none of them will come. He has not . I told the administrator and assured me that she would work on it. I know the neighbors on the floor; Resident 2 pushed me once about a month ago; I told one of the nurses; he wanted to come inside the room, he was just wondering. He cannot walk anymore." 2) Interview with the resident's family on , , at 1:08 PM revealed the resident had a on her area. Record review found the facility did not have care information documented in the resident record or at the facility. The resident from received care from to . Class III	A 025		

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A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their	A 078		

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A 078	Continued From page 4 qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 58A-5.0191, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain annual documentation of a negative examination for six out of nine (Staff B, D, E, F, G) sampled staff. The facility also failed to provide a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . for two out of nine (Staff A, C and I) sampled staff members. Findings included: A review of Staff A's employee records revealed a	A 078		

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A 078	Continued From page 5 hire date of ... ; there was no documentation of a statement from a healthcare provider stating staff was free from of communicable . A review of Staff D and G's employee records found there was no documentation of a statement from a healthcare provider stating staff were free of communicable . A review of Staff I's employee records revealed a hire date of ; however, there was no documentation of a one-time statement from a healthcare provider stating Staff I was free of communicable . Further review of Staff B's records also revealed their last ( ) examination was conducted on . Staff C's records also revealed their last ( ) examination was conducted on . A review of Staff E's employee records revealed a hire date of . There was no documentation of a exam conducted in 2019. A review of Staff F's employee records revealed a hire date of ; however, there was no documentation of a exam on file. On at 2:15 pm, the Administrator acknowledged the missing documents and stated that she is reorganizing all the employees' files. Class III	A 078		
A 081 SS=D	58A-5.0191( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1).	A 081		

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A 081	Continued From page 6 (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [illegible] control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its [illegible] control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [illegible] borne [illegible], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to	A 081		

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A 081	Continued From page 7 emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , ... The facility must use its prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility	A 081		

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A 081	Continued From page 8 failed to ensure that four out of nine (Staff C, E, F, and I) sampled staff received a minimum of one-hour in-service training. Findings included: A review of Staff C's employee records revealed their hire date was ; however, there was no evidence of having completed an hour training on Control, Activities of Daily Living (ADL) and Behavioral Needs, Elopement Response, Reporting Major Incidents, Facility emergency procedures, and Incident Reporting. A review of Staff E's employee records revealed their hire date was ; however, there was no evidence of having completed an hour training on Reporting Adverse Incident, Facility emergency procedures, and Incident Reporting. A review of Staff F's employee records revealed their hire date was ; however, there was no evidence of having completed an hour training on Reporting Major Incidents, Reporting Adverse Incidents, Facility emergency procedures, Incident Reporting, and Recognizing/Reporting . . . . /Neglect. A review of Staff I's employee records revealed their hire date was ; however, there was no evidence of having completed an hour training on Reporting Major Incidents, Reporting Adverse Incidents, Facility emergency procedures, and Incident Reporting. On at 2:15 pm, the Administrator acknowledged the missing training/documents and stated that she is reorganizing all the employees' files.	A 081		

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A 081	Continued From page 9 Class III	A 081		
A 082 SS=D	58A-5.0191(4) FAC Training - / . (4) . . . . . / . . . . . (/ . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof of . / . . training for two of nine sampled staff, (Staff A and G). Findings included: Review of Staff A and G's record showed that the required training of and . . for the staff was not on file. On . at 2:15 PM, the Administrator acknowledged the missing document and stated that she was reorganizing all the employees' files. Class III	A 082		
A 090 SS=D	58A-5.0191(11) FAC Training - . . . . . . (11)	A 090		

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A 090	Continued From page 10 TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding . (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documentation of at least a one-hour training of the facility's policies and procedures regarding ( ) for six out of nine (Staff C, D, E, F, H and I) sampled staff. Findings included: A review of Staff C, D, E, F H and I's records did not show any certificate of completion or documentation of a one-hour training course on the facility's policies and procedures. On at 2:15 pm, the Administrator acknowledged the missing documents and stated that she is reorganizing all the employees' files. Class III	A 090		

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A 161	Continued From page 11	A 161		
A 161 SS=D	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification; 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.; 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.; 5. Documentation verifying direct care staff and	A 161		

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A 161	Continued From page 12 administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide proof of an application document for one of nine sampled staff, (Staff G). In addition, the facility failed to provide proof of the job description for three of nine sampled staff, (Staff A, H, and G). The facility failed to ensure two of nine sampled staff had completed training documentation, (Staff A and B) Findings included: 1) Review of Staff G's record showed that the application was not on file. Review of the facility's admission and discharge log showed a census of 168 residents. Review of Staff A, G, and H's record showed that the records did not have job descriptions on file. On at 2:15 PM, the Administrator	A 161		

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A 161	Continued From page 13 acknowledged the missing documents and stated that she was reorganizing all the employees' files. Further personnel record review found the Staff A (licensed practical nurse) and Staff B (activities staff) did not have completed training documentation such as training hours listed. Class III	A 161		

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CZ816 SS=D	408.809(2)(a-c); 59A-35.090(2)(d)-(3) Background Screening-Compliance Attestation 408.809 (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's ... to the Federal Bureau of Investigation for a national criminal history record check unless the person's ... are enrolled in the Federal Bureau of Investigation's national retained print notification program. If the ... of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ... electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ... to the Federal Bureau of Investigation for a national criminal history record check. The ... shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ... Until a specified agency is fully implemented in the clearinghouse created under s. 435.12, the agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within	CZ816		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965733	A. BUILDING: _____ B. WING _____	06/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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CZ816	Continued From page 1 the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Department of Elderly Affairs, the Agency for Persons with , the Department of Children and Families, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency. 59A-35.090(2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any	CZ816		

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CZ816	Continued From page 2 disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to . , , . . . to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have signed attestation documentation for two of nine sampled staff, (Staff G and H). Findings included: Review of Staff G and H's records showed no	CZ816		

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CZ816	Continued From page 3 proof of a signed attestation documentation. On [redacted] at 2:15 PM, the Administrator acknowledged the missing documents and stated that she was reorganizing all the employees' files. Class III	CZ816		