STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	10/03/2017
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 Complaint Survey (CCR #2017009804) was conducted on , 2017 and concluded 03, 2017. New Era Community Health Center Llc. (License # 12989) with Limited Mental Health component had deficiencies identified at the time of the survey.

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

Based on interviews and record review, the facility failed to adequately provide care and services appropriate to meet the needs of the residents by not properly assessing, monitoring, or supervising 1 out of 8 (Resident #1). This was evident by Resident #1 who after sustaining injuries after a .

Findings included:

Review of Resident #1's hospital (B) record revealed the resident was admitted on after arriving by air ambulance. She had a right forehead ; a hematoma above the right eyebrow; she also had a hematoma, left , left 1rst and 9th , right , bone , nasal , and 7 .

Emergency / note from Hospital B stated, "This female had a witnessed yesterday. She was post-ictal (altered state of after an , , that last between 5 to 30 minutes per report), was ambulating afterwards, and then went to bed. She was found this morning with GCS (Glasgow Score) of 3, apneic. Emergency medical services ( ) attempted twice without success. She was activated as a at Hospital B. She was , stable, but with a GCS of 3, apneic. was performed and confirmed. She had fixed and dilated (5 mm) pupils , and right forehead . She had no other external sign of . Her initial ( ) was 7. /- . She had a gag and apneic breaths prior to . Pan-scan revealed a right 1.7 cm hematoma with shift and left intraparenchymal . NSG (neurosurgeon) was consulted and determined this was nonsurvivable."

The facility's owner stated on at 9:15 AM, "Nobody saw Resident #1 . She was found on the floor around 8:00 or 8:30 AM but nobody saw her . We think that she had a . She was fine, that is why we did not call the rescue. She had a and sometimes she would have that lasted up to 10 minutes. After she was found she ate a snack and even used the . She went to bed. In the morning around 6:00 AM when the Administrator came in, he went into her see her and she was breathing but not normally so he called rescue. We did not do an incident report because she did not ."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	10/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA COMMUNITY HEALTH CENTER LLC	**1351 N KROME AVE HOMESTEAD, FL 33030**

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

On at 3:05 PM the health care provider who completed Resident #1's health assessment stated that he just saw the resident once. He stated that he has no idea if she from the . He said that she had .

On the facility had a hand written progress note stating, "Staff reported that patient hit again next door glass, she was fine and continued her activities. We monitor for 24 hours. She was ok." The facility did not have any other documentation regarding assessments for Resident #1 or any documentation on the resident's condition within the 24 hours. The facility did not have any documentation that Resident #1's health care provider was contacted that the resident's . The facility did not have any written documentation regarding Resident #1's or precautions.

On at 12:48 PM the owner stated, "Resident #1 used to wake up around 4 or 5 AM and when the administrator came at 6 and he realized that she was in bed he went to see her and found her like that."

Phone interview on at 1:34 PM Staff D stated, "I was inside the nursing station and I saw her on the floor; I called her name and she answered. Another staff and I helped her to stand up and took her inside the nursing station. She stayed with us until she wanted to go to the dining . In the dining ate a yogurt and drank water."

On the facility had a typed note stating that staff member had found the resident leaning against the wall and nurse station glass window and that staff member was concerned that Resident # 1 had had one of her episodes because the staff member had observed that Resident # 1 was not oriented. After the arrival of the Administrator Resident # 1 started to regain alertness and awareness of her surroundings; she continued to have her normal daily routine, had her 9:30 AM snack and went to bed; staff made checks during the course of the evening. In the morning after noticing that Resident #1 was not at breakfast the Administrator found her in bed which was not normal for her and was not breathing normally and he called 911.

Review of Resident #1's record revealed the health assessment was completed on . Resident #1 had the following diagnoses: , , , , , , , , , and . She was independent with her activities of daily living and needed precautions. The resident was taking the following medications: , 1 mg once a day (,), , 250 mg twice a day ( ), , 1 mg twice a day (,), 1 mg once a day (dietary supplement), 10 mg at night ( ), , ER 30 mg daily (high ,). Her last , level on was 85 (normal

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969174	10/03/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW ERA COMMUNITY HEALTH CENTER LLC	**1351 N KROME AVE HOMESTEAD, FL 33030**

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

range 50-100 ug/ml).

Review of Resident #1's record revealed discharge instructions from an admission to Hospital A on . Resident #1 was discharged on with a diagnosis of . The special instructions from her doctor stated, "Patient needs to complete (,) outpatient and follow up outpatient with PCP (primary care physician), neurologist and psychiatrist." The name and phone number of a neurosurgeon, a neurologist and an internal medicine doctor were provided. There was a progress note dated saying the facility called a neurologist, "no Medicaid". The facility did not have any documentation showing the resident had been transferred to Hospital A. There was a progress note dated stating that the resident had returned from the hospital.

On at 9:43 AM the facility owner stated, "She (Resident #1) was supposed to be seen by a neurologist after she was discharged from the hospital on but she only had Medicaid and none of them wanted to see her."

On at 11:25 AM the Administrator stated, "The note probably out of the record."
Class II

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) 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 an incident to the agency for 1 out of 8 sampled residents that was sent to the hospital the morning after being found on the floor (Resident # 1).

Findings included:

The facility's owner stated on at 9:15 AM, "Nobody saw Resident #1 . She was found on the floor around 8 or 8:30 AM but nobody saw her . We think that she had a ."

Review of Resident #1's hospital record revealed that she was admitted to the hospital on after arriving by air ambulance. She had a right forehead ; a hematoma above the right eyebrow; she also had a hematoma, left , lumbar 1rst and 9th , right , bone , nasal and 7 . Record review found the facility did not have a completed incident report.

Class III