

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/21/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105508	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/17/2025
NAME OF PROVIDER OR SUPPLIER EAST RIDGE RETIREMENT VILLAGE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 19228 SW 87TH AVE CUTLER BAY, FL 33157		
(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) COMPLETION DATE	
E 000	<p>Initial Comments</p> <p>During an unannounced Fire & Life Safety recertification survey conducted on 02/17/2025 at East Ridge Retirement Village Inc., a nursing home in Cutler Bay, Florida, Emergency Preparedness was reviewed.</p> <p>East Ridge Retirement Village Inc. is in compliance with Emergency Preparedness per Code of Federal Regulations (CFR) 42, Part 483.73, Requirement for Long-Term Care Facilities.</p>	E 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

03/14/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Fire & Life Safety recertification survey was conducted 02/17/2025 at East Ridge Retirement Village Inc., a nursing home in Cutler Bay, Florida.</p> <p>The Facility is not in compliance with 42 CFR 483.90 (a), and National Fire Protection Association (NFPA) 101 (2012 edition), NFPA 99 (2012) requirements for nursing homes.</p> <p>Initial Plan Review: 2015 Existing NFPA 220 Construction Type: II (111) Number of beds: 74 Census: 73</p>	K 000		
K 761 SS=D	<p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on records review and staff interview, the facility failed to maintain fire doors in accordance</p>	K 761		3/16/25

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K 761	<p>Continued From page 1 with NFPA 101.</p> <p>The findings included:</p> <p>During the records review process of the facility between 11:30 am and 5:00 pm on 02/17/2025 with the Plant Security Manager, it was revealed that there was no documentation for the performance of fire doors testing by knowledgeable individuals within the last 12 months.</p> <p>During the Staff Interview between 11:30 am and 5:00 pm on 02/17/2025, the Plant Security Manager acknowledged this finding.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12, 4.6.12.1, 8.3.3.1</p> <p>NFPA 80 (2010 Edition) 5.2.1, 5.2.3.1, 5.2.4.1</p>	K 761		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 111358	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 08 - MAIN LIC B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2025
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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 02/17/2025 at East Ridge Retirement Village Inc., a nursing home in Cutler Bay, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2021 edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K 000		
K 761 SS=D	<p>NFPA 101 Maintenance Inspection & Testing - Doors</p> <p>Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (NFPA 101) 5.2, 5.2.3 (NFPA 80)</p> <p>This Statute or Rule is not met as evidenced by:</p>	K 761		3/16/25

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Electronically Signed

03/14/25

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K 761	<p>Continued From page 1</p> <p>Based on records review and staff interview, the facility failed to maintain fire doors in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the records review process of the facility between 11:30 am and 5:00 pm on 02/17/2025 with the Plant Security Manager, it was revealed that there was no documentation for the performance of fire doors testing by knowledgeable individuals within the last 12 months.</p> <p>During the Staff Interview between 11:30 am and 5:00 pm on 02/17/2025, the Plant Security Manager acknowledged this finding.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1, 8.3.3.3.1</p> <p>NFPA 80 (2019 Edition) 5.2, 5.2.3, 5.2.4.1</p> <p>Class III</p>	K 761		

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K 761 SS=D	<p>Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101</p> <p>Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on records review and staff interview, the facility failed to maintain fire doors in accordance</p>	K 761	<p>1. All fire doors were inspected and tested by a certified third-party vendor.</p>	3/16/25

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K 761	<p>Continued From page 1 with NFPA 101.</p> <p>The findings included:</p> <p>During the records review process of the facility between 11:30 am and 5:00 pm on 02/17/2025 with the Plant Security Manager, it was revealed that there was no documentation for the performance of fire doors testing by knowledgeable individuals within the last 12 months.</p> <p>During the Staff Interview between 11:30 am and 5:00 pm on 02/17/2025, the Plant Security Manager acknowledged this finding.</p> <p>NFPA 101 (2012 Edition) 19.7.6, 4.6.12, 4.6.12.1, 8.3.3.1</p> <p>NFPA 80 (2010 Edition) 5.2.1, 5.2.3.1, 5.2.4.1</p>	K 761	<p>2. All residents have the potential to be affected by this deficient practice.</p> <p>3. Facilities and IT Manager, Security and Transportation Manager and Associate Executive Director have been in-serviced by the Administrator regarding annual inspecting and testing of fire doors in accordance with NFPA.</p> <p>4. The Quality Assurance Process Improvement (QAPI) Committee will monitor annually for compliance.</p>	

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K 000	<p>INITIAL COMMENTS</p> <p>A re-licensure survey was conducted on 02/17/2025 at East Ridge Retirement Village Inc., a nursing home in Cutler Bay, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2021 edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2021 edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>The following is a description of the deficiencies found at the time of the visit.</p>	K 000		
K 761 SS=D	<p>NFPA 101 Maintenance Inspection & Testing - Doors</p> <p>Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program.</p> <p>Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability.</p> <p>Written records of inspection and testing are maintained and are available for review.</p> <p>19.7.6, 8.3.3.1 (NFPA 101) 5.2, 5.2.3 (NFPA 80)</p> <p>This Statute or Rule is not met as evidenced by:</p>	K 761		3/16/25

AHCA Form 3020-0001

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K 761	<p>Continued From page 1</p> <p>Based on records review and staff interview, the facility failed to maintain fire doors in accordance with NFPA 101.</p> <p>The findings included:</p> <p>During the records review process of the facility between 11:30 am and 5:00 pm on 02/17/2025 with the Plant Security Manager, it was revealed that there was no documentation for the performance of fire doors testing by knowledgeable individuals within the last 12 months.</p> <p>During the Staff Interview between 11:30 am and 5:00 pm on 02/17/2025, the Plant Security Manager acknowledged this finding.</p> <p>NFPA 101 (2021 Edition) 19.7.6, 4.6.12, 4.6.12.1, 8.3.3.3.1</p> <p>NFPA 80 (2019 Edition) 5.2, 5.2.3, 5.2.4.1</p> <p>Class III</p>	K 761	<ol style="list-style-type: none"> All fire doors were inspected and tested by a certified third-party vendor. All residents have the potential to be affected by this deficient practice. Facilities and IT Manager, Security and Transportation Manager and Associate Executive Director have been in-serviced by the Administrator regarding annual inspecting and testing of fire doors in accordance with NFPA. The Quality Assurance Process Improvement (QAPI) Committee will monitor annually for compliance. 	