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
	AL11964062	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF VERO BEACH	410 4TH COURT VERO BEACH, FL 32962

(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 A Limited Nursing Services (LNS) monitoring visit was made to the Sterline House of Vero Beach on [redacted]. Deficient practice was identified at the time of the LNS Monitoring visit.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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A 055	Continued From page 1	A 055		

central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s

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A 055	Continued From page 2	A 055		

medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that resident prescribed medications were destroyed when expired, and medications discontinued were returned to resident family members and/or destroyed 30 days after the order for the medication was changed for 67 medications and 24 of 29 residents.
Findings include:
1) An observation of the medication refrigerator was conducted on [redacted] starting at 10:11 am, accompanied by the medication nurse and the Regional Nurse. The refrigerator contained a bottle of [redacted] which was opened on [redacted] and a open bottle of Regulat [redacted] which did not have a date on the label to indicate when it was opened. The Regional Nurse confirmed that [redacted] should be labeled with the date opened and then discarded 30 days after being opened. She confirmed that the two bottles of [redacted] should be discarded and unavailable for use.

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A 055	Continued From page 3 2) Observation of the medication cabinet was conducted with the Medication Nurse. She stated that medications currently being administered to the residents are stored in the locked rolling medication cabinet. Medications that have been discontinued and/or expired are stored in the wall medication cabinet. The surveyor asked how the facility disposes of medications that have been discontinued or expired. The Nurse stated that she disposes of the medications every 4 or 5 weeks. Once opened, the medication cabinet had 3 shelves which were contained the following medications which were retained by the facility in excess of 6 weeks past their discontinue order: 1 500mg, 1 10mg, 1 .81 mg, 1 bumetadine 0.5 mg, 3 chew 500 mg, 2 25mg, 1 250 mg, 1 , 1 Clonidein3 0.1 mg, 1 0.2 mg, 1 40 mg., 1 20mg, 1 flax seed oil capsules, 1 40mg, 1 capsules, 1 hctz 25mg, 1 25 mg, 1 1mg , 2 10m31, 1 75 mcg, 1 5mg, 1 3mg, 1 Micaris 8mg, 2 Milk of Magnesia liquid, 1 2 % ointment, 2 Neopolymixin Ear 2 Ondansettron 4mg, 1 Pantaprazole 20mg, 1 Pantaprazole 40mg, 2 Polyiron150 mg, 1 40mg, 1 Quetapine 100mg, 1 tabs, 1 25 mg, 1 100 mg, 1 xr 200 mg, 1 xr 300 mg, 1 Simvaswtin 20mg, 1 Stress Formula with , 1 Tramcinolone 0 % cream, 3 CF liquid, 1 B1 100 mg , 1 2.5 mg, 1 150 mg The identitfied medications were prescribed for 24 different residents. The Surveyor reviewed the list of medications which should have been given to family members and/or discarded with the Nurse Consultant. She confirmed that the facility policy is to notify the	A 055		

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A 055	Continued From page 4 family member when the medication is discontinued and if they fail to pick up the medications within 30 days, they should be discarded. The same procedure should be followed when a resident expires and/or is discharged from the facility She confirmed that the facility failed to discard discontinued medications within the 30 day time period as required by state regulations. Class III	A 055		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of Vero Beach
410 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Bayles, HFE Supervisor for

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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