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
	AL11964959	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF PENSACOLA	**8700 UNIVERSITY PARKWAY PENSACOLA, FL 32501**

(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 Biennial Survey was conducted at Sterling House of Pensacola Assisted Living Facility #- . At the time of the survey the facility was found to have deficient practice. A Limited Nursing Service survey was conducted in conjunction with the Biennial Survey and the facility was found to have no deficient practice.	A 000		
A 090 SS=D	58A-5.0191(11) FAC Training - Do Not Orders (11) 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 within 60 days after the effective date of this rule. (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 staff interviews, the facility failed to provide staff with (DNOR) training within 30 days of hire for 3 of 3 sampled staff (#'s1, 2, 3) reviewed for personnel records. Findings include: 1) On record reviews revealed 3 of 3 staff	A 090		

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A 090	Continued From page 1 members did not have DNOR training. 2) On about 12:22 p.m. an interview with the administrator was conducted, in which stated she has not trained staff on DNOR this year to include the three staff members reviewed for personnel files-all of which have worked in the facility greater than 30 days. 3)On about 12:50 an interview was conducted with the corporate registered nurse. She stated DNOR training is required and the training is usually completed the first week of hire. 4) On about 1:10 p.m an interview with the corporate registered nurse revealed her to say the facility did not have the DNOR training material at the facility. 5) On about 1:55 an interview was conducted with 1 of 3 staff members (#1) reviewed for personnel files and she stated she has not had DNOR training. Class III	A 090		
A 181 SS=D	58A-5.026(2) FAC Emergency Mgmt - Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan shall be submitted for review and approval to the county emergency management agency. (a) The county emergency management agency has 60 days in which to review and approve the plan or advise the facility of necessary revisions. Any revisions must be made and the plan resubmitted to the county office of emergency management within 30 days of receiving notification from the county agency that the plan must be revised. (b) Newly-licensed facility and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility shall review its emergency	A 181		

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A 181	Continued From page 2	A 181		

management plan on an annual basis. Any substantive changes must be submitted to the county emergency agency for review and approval.
1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.
2. Changes in the identification of specific staff must be submitted to the county emergency management agency annually as a signed and dated addendum that is not subject to review and approval.
(d) The county emergency management agency shall be the final administrative authority for emergency management plans prepared by assisted living facilities.
(e) Any plan approved by the county emergency management agency shall be considered to have met all the criteria and conditions established in this rule.

This Statute or Rule is not met as evidenced by:
Based on staff interview and record review the facility failed to review its emergency management plan on an annual basis, nor did the facility submit by addendum to the county emergency management agency a change in staff.

The findings are:

During record review and staff interview on at approximately 9:00 A.M. the facility administrator revealed the last time anyone at the facility had reviewed the emergency management plan was two years ago-at some point in 2010. Review of the last approval of the emergency

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A 181	Continued From page 3	A 181		

management plan developed by the facility and reviewed by the local emergency management agency was . The administrator admitted the plan had not been reviewed to see if updates or changes needed to be made. The administrator also revealed she had not changed the plan to reflect her position as administrator of the facility since nor had she provided the local emergency management agency an addendum to note she was now the administrator and also that there were different facility staff in place.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of Pensacola
8700 University Parkway
Pensacola, FL 32501

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of 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 surveyor(s). Should you have any questions please call me at (850) 412- 4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kjb
Enclosure
XG90

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