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
	AL11964072	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF WEST MELBOURNE I	7300 GREENBORO DRIVE MELBOURNE, FL 32904

(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 _ _ _ conducted Assisted Living Facility with Limited Nursing Services biennial re-licensure survey. Sterling House of West Melbourne I had deficiencies found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor 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 individual. (c) General awareness of the resident ' s whereabouts. The resident may travel 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; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 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 ensure physician's orders were followed to check when medications with parameters were given for 3 of 3 residents (#1, #2 & #3). Findings: 1. Review of the Medication Observation Record (MOR) for 2012 for resident #1 revealed, take four times a day standing prior to treatment at 8 AM, 12 PM, 4 PM and 8 PM, order dated . There were no documented on and 7/3 at 8 PM, 7/3, 7/8 and at 12 PM and at 4 PM and 8 PM. Observation on at approximately 12 PM revealed the resident was sitting in the wheelchair when the nurse checked her Resident record review revealed an Assisted Living Facility health assessment form (1823) dated with a diagnosis of exacerbation and stated assist with medications. Interview with the Director of Nursing on said date at approximately 3 PM who stated it was difficult for the resident to stand up for her to be taken. She also stated the physician was contacted on said date to change the order to discontinue when standing. 2. Review of the Medication Observation Record (MOR) for 2012 for resident #2 revealed	A 025		

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A 025	Continued From page 2 (for ER 50 milligrams (mg) at bedtime, hold for less than 100 or rate less than 50. There was no documentation to indicate the was taken. Review of physician order dated stated, (for ER 50 milligrams (mg) at bedtime, hold for less than 100 or rate less than 50. Resident record review revealed an Assisted Living Facility health assessment form (1823) dated with diagnoses of and Interview with the Director of Nursing on said date at approximately 2:40 PM who stated, the were taken and were not recorded. 3. Record review for resident #3 on said date at approximately 1 PM revealed a health assessment form 1823 dated that listed diagnoses of hyponatremia, and She needed assistance with medications. A physician's order dated indicated to reduce 5 mg daily and take for 10 days. Continued record review revealed that the Medication Observation Record (MOR) dated 10/1 to listed 5 mg daily and had staff initials circled from (the day indicated as starting the medication) to , the back page of the MOR indicated unavailable for those dates. There was no evidence to confirm the physician was made aware that the resident did not have the medications and why the medication was not available.	A 025		

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A 025	Continued From page 3 Another physician's order [illegible] indicated to take [illegible] daily for 7 days. The [illegible] 2011 MOR indicated that the [illegible] needed to be taken from 12/1 to [illegible] and it was blank on [illegible]. Continued review revealed no evidence to confirm the [illegible] was taken for 7 days as ordered. The administrator stated at approximately 2:30 PM that the staff responsible was no longer employed at the facility. Class III	A 025		
A 089	429.178 FS [illegible] - Special Care Special care for persons with [illegible] or other related [illegible] (1) A facility which advertises that it provides special care for persons with [illegible] or other related [illegible] must meet the following standards of operation: (a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility ' s residents. (b) Offer activities specifically designed for persons who are [illegible] (c) Have a physical environment that provides for the safety and welfare of the facility ' s residents. (d) Employ staff who have completed the training and continuing education required in subsection (2). (2)(a) An individual who is employed by a facility that provides special care for residents with [illegible] or other related [illegible] and who has regular contact with such residents,	A 089		

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A 089	Continued From page 4	A 089		

must complete up to 4 hours of initial ı-specific training developed or approved by the department. The training shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).
(b) A direct caregiver who is employed by a facility that provides special care for residents with 's or other related , and who provides direct care to such residents, must complete the required initial training and 4 additional hours of training developed or approved by the department. The training shall be completed within 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g).
(c) An individual who is employed by a facility that provides special care for residents with 's or other related , but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with 's or other related , within 3 months after beginning employment.
(3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the ı-specific training developed or approved by the department, in which the caregiver has not received previous training.
(4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the

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A 089	Continued From page 5 employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements. (5) The department, or its designee, shall approve the initial and continuing education courses and providers. (6) The department shall keep a current list of providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with s ..... or other related ..... (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs. (8) The department shall adopt rules to establish standards for trainers and training and to implement this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 4 sampled staff received a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the dementia-specific developed or approved by the department, in	A 089		

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A 089	Continued From page 6 which the caregiver has not received previous training. Findings: Observations during the entrance at approximately 9 AM noted the facility's front door was locked and a code was needed to enter and exit. Review of the facility's advertisement at approximately 2 PM revealed they advertised special care for persons with [illegible] or other related [illegible]. Personnel record review at approximately 2 PM for staff A hired on [illegible] revealed she attended an [illegible] or other related [illegible] update on [illegible]. Continued review revealed a certificate dated [illegible] -"Level 1 Understanding Memory Care tomorrow" and indicated the training was 4 hours. The administrator stated at the time that the certificate dated [illegible] met the requirements for the 4 hours update training and she was sure the content was new each time although it indicated level 1. Class III	A 089		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of West Melbourne I
7300 Greenboro Drive
Melbourne, FL 32904

Dear Administrator:

Re: Biennial w/LNS

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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998