

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964663	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF FT MYERS			STREET ADDRESS, CITY, STATE, ZIP CODE 14521 LAKEWOOD BOULEVARD FORT MYERS, FL 33919		
(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 This is the Limited Nursing Services survey conducted on _____ at Sterling House of Fort Myers, an Assisted Living Facility. There were no deficiencies related to the LNS survey however there were issues identified with staff training.		A 000		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable _____ including _____ Freedom from _____ must be documented on an annual basis. A person with a positive _____ test must submit a health care provider's statement that the person does not constitute a risk of communicating _____. Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable _____, he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations		A 078		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

9899

2WCD11

If continuation sheet 1 of 7

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A 078	Continued From page 1 to the resident 's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on a review of 3 personal files and interview with administrative staff, the facility failed to ensure 1 (Employee C) had the required communicable statement and testing within 30 days of hire. The findings include: Employee C was hired on Review of the personal file on revealed there was no evidence of either a communicable statement or a testing procedure being performed. During an interview on at 4:30 p.m. the Health and Wellness Director and the Administrator indicated this employee had not gotten this as yet, but was in the process of doing so.	A 078			

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A 078	Continued From page 2 Class III Correction Date: _____	A 078			
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents,	A 081			

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A 081	Continued From page 3 other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on a review of 3 employee records and interview with administrative staff, the facility failed to ensure the required training in safe food handling was provided to 1 employee (Employee C) and the required training on resident rights was provided to 2 (Employees A and B). The findings include: 1. Review of Employee C's file revealed there was no documentation in the file indicating the	A 081			

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A 081	Continued From page 4 employee had received training in safe food handling. 2. Review of Employee A and B's files revealed there was no documentation indicating the employees had received training in resident rights. 3. Interview on _____ at 4:30 p.m. with the Health and Wellness Director and the Administrator confirmed there was no further documentation indicating the employees had taken this training as required. Class III Correction Date: _____		A 081		
A 083	58A-5.0191(4) FAC Training - First Aid and _____ (4) FIRST AID AND _____ A staff member who has completed courses in First Aid and _____ and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or _____ course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American _____ Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and _____		A 083		

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A 083	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on a review of 3 employee files, and interview with administrative staff, the facility failed to ensure there was the staff with first aide training present on all shifts. The findings include: Three employees were chosen for personal file review. They were chosen from all 3 shifts the facility has. Review of employee files A, B, and C revealed there was no evidence of first aide training in any of the files. During an interview on _____ at 4:30 p.m. the Administrator and the Health and Wellness Director indicated, in response to questioning that none of the staff currently working the night shift have first aide training, that they currently had nurses in the building for 16 hours of the day and they thought this was sufficient. They further indicated they go for _____ training for 8 hours and they thought this included first aide training too. Class III Correction Date: _____		A 083		
A 090	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		A 090		

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A 090	Continued From page 6 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 a review of 3 employee files, and interview with Administrative staff, the facility failed to ensure the required training for _____ _____ was completed for 3 (Employees A, B, and C) of the employees reviewed. The training include: The three employee files reviewed were for employees hired longer than 30 days. Employee #A was hired on _____. Employee B on _____ and Employee C on _____. There was no evidence in the employee files indicating any of these employees had received _____ training. During an interview on 9/1/____ 4:30 p.m. the Health and Wellness Director and the Administrator indicated agreement they had no documentation the employees had received this training. Class III Correction Date: 10/2/_____		A 090		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of Ft Myers
14521 Lakewood Boulevard
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a Limited Nursing Services survey that was conducted on , 2012 by representatives 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 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure

