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
	AL11964081	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF TEQUESTA	205 VILLAGE BLVD TEQUESTA, FL 33469

(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 An assisted living facility standard biennial licensure survey with liminted nursing services was conducted on . Sterling House of Tequesta had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, October . The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

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A 008	Continued From page 2	A 008		

elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or

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A 008	Continued From page 3	A 008		

415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to comply with the health assessment (1823) requirements. Specifically: 1). Failure to ensure health assessment forms were completed upon significant change and reflective of the resident's current health status and care needs and 2). Failure to ensure health assessment forms contained all required information, for 2 out of 10 sampled residents (Resident #5 and #9). The findings include:
1. Review of Resident #9's health assessment dated , noted a medical diagnosis of and . The health assessment noted the resident is independent with all activities of daily living (ADLs). During an interview with Employee #1 (the Nurse) at 10:30 AM on , it was reported that Resident #9 had a significant decline in health resulting in the resident requiring assistance and supervision with all ADLs. Further interview revealed the facility did not have a current health assessment reflective of the resident's current ADL requirements and level of care needs. During an interview with the Director of Wellness (DOW) at 1 PM on , she

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A 008	Continued From page 4 reported that Resident #1 was recently admitted and since admission had a significant decline in health. 2. Review of resident #5's health assessment dated 11 revealed the following concerns: 1. Page 1, no information was documented for the section titled Special Precautions. 2. Page 4, the list of current medications prescribed disclosed "see attached", but no other forms were attached to the document. 3. There was no health care provider signature on page 4, the signature area disclosed the words "signed on but no signature was provided. 4. Page 5, facility services offered or arranged disclosed "see PSP attached and/or under assessments", but no other forms were attached to the document. Class III	A 008		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure	A 053		

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A 053	Continued From page 5	A 053		

necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that a medication was applied with gloves for one of ten sampled residents (Resident #5).

The findings include:

The surveyor conducted a medication pass observation on starting at 8:30 am. The Nurse opened a patch with her bare hands, removed the patch and wrote the date, time and her initials on the back of the patch. The nurse then poured the oral

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A 053	Continued From page 6 medications for Resident #5. The Nurse entered the resident's [redacted] administered the pills to the resident and with her ungloved hands, applied the [redacted] patch to the resident's shoulder. The nurse washed her hands and exited the [redacted] When asked if she should have used gloves to apply the [redacted] medication, the nurse confirmed that she failed to follow facility procedures and nursing standards by not using gloves. During an interview on [redacted] at approximately 10:00 AM , the Director of Nursing confirmed that the Nurse should have used gloves when preparing and applying a [redacted] medication to prevent self absorption of the medication. Class III	A 053		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.	A 092		

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A 092	Continued From page 7	A 092		

This Statute or Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to ensure food service operations were performed in a safe and sanitary manner, evidenced by unacceptable and/or inadequate standards of practice related to food storage and preparation. This has the potential to affect all 31 current residents.

The findings include:

Observations of the facility's kitchen and food service operations was conducted 9/1(at 11:50 AM, while accompanied by the facility's chef and at times, the facility's health and wellness director. The following concerns were noted:

1. Two trays with 12 pre-plated servings of ice cream and sherbet were stored in a freezer uncovered which can affect the flavor and texture of the food product. The lids for three partially full three-gallon containers of ice cream were breaking down and could not produce an adequate seal for the food product.

2. The reach-in freezer was observed with excessive ice buildup inside the unit on the back and sides near the top; three gaskets on the doors of the reach-in units were excessively torn, six were excessively soiled; the exterior front and side walls of the reach-in units were soiled.

3. Drawers used to store clean items such as utensils, cloths and other kitchen equipment were observed to be soiled and contained excessive food debris. Clean utensils used for food preparation were stored with " soiled " items such as written notes, pens, other

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A 092	Continued From page 8 occasionally-used packages of supplies. 4. The following items were observed to be unsealed, inadequately sealed, and/or not dated as to when the food product was opened: - 25-pound bags of salt, flour and popcorn kernels - a bag of corn flakes cereal was left open and a significant amount of its contents were spilled in a drawer 5. A ceramic bowl was observed stored in the flour bin, the chef confirmed it was used to scoop out the flour. 6. Staff used [redacted] foil as lids for oatmeal and decorative . 7. A 99-ounce can of pickles was observed stored with other day-to-day foods was observed with significant denting to the top and side, the top of the can was bulging. 8. About 3 to 4 tiny black flying insects were observed flying around a soiled cart temporarily stored in the dry food storage , located about 6 feet from a floor drain. In an interview conducted at that time, the facility ' s chef stated he thought the insects came from the floor drain. 9. An air blower unit and picture frame were stored in the dry food storage area. These concerns were acknowledged by and discussed with the chef during the inspection; they were discussed with and acknowledged by the health and wellness director and administrator on [redacted] at 12:45 PM. Class III	A 092		

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A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, . . . and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three	A 093		

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A 093	Continued From page 10	A 093		

or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.
(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.
(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.
1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a

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A 093	Continued From page 11	A 093		

day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to comply with dietary

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A 093	Continued From page 12	A 093		

standards. Specifically: 1). Failure to prepare and serve therapeutic meals as ordered by the health care provider for two out of ten sampled residents (Resident #5 and #11); and 2). Failure to ensure foods were served at safe temperatures, evidenced by staff failure to take and record food temperatures prior to serving meals, this has the potential to affect all 31 current residents.

The findings include:

1). On [redacted] at 9:20 AM, the surveyor received a printed census with residents on pureed diets identified and marked by the facility's health and wellness director (HWD). Resident #5 and #11 were marked for pureed diets. During a lunch observation conducted [redacted] at 12:25 PM, both residents were observed eating pureed foods.

Review of the facility's kitchen and food service operations was conducted [redacted] beginning at 11:50 AM while accompanied by the facility's chef and at times, the HWD. Observation of three postings related to therapeutic diets revealed no residents identified for pureed diets. A posting was subsequently updated and reflected "chopped" diets for residents #5 and #11; this was discussed with the HWD on [redacted] at 12:55 PM.

Resident #5 receives hospice services; her most recent medical examination (AHCA Form 1823) dated [redacted] documented "puree" in the diet section; a comprehensive nursing visit report dated [redacted] documented "puree diet" in the nutrition section; a facility personal service plan printed [redacted] documented "provide pureed foods" in the nutrition section. Review of resident #11's record revealed a written health care provider order dated [redacted] calling for a "pureed diet".

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A 093	Continued From page 13 2). In an interview conducted on . . . . . at 11:45 AM, the facility's chef confirmed there was no documentation showing facility staff were monitoring food temperatures. This was discussed with the HWD on . . . . . at 12:55 PM. The facility's census was 31 on the day of survey. These concerns were discussed with and acknowledged by the administrator on . . . . . at 1:32 PM. Class III	A 093		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of Tequesta
205 Village Blvd
Tequesta, FL 33469

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,

Monica Thurman-Smith

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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