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
	AL11964794	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF PANAMA CITY	2575 HARRISON AVENUE PANAMA CITY, FL 32405

(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 complaint survey (CCR 2012010272) was conducted at Sterling House of Panama City Assisted Living Facility on in conjunction with an unannounced Limited Nursing Services monitoring visit. Deficient practice was identified during the survey related to the complaint.	A 000		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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the Florida Hotline " 1(800)96- or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the

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resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or

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attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right

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includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observations, facility staff interviews, caregiver interview, hospice staff interviews and record reviews the facility failed to provide adequate and appropriate health care to meet the needs for 2 of 2 sampled residents with hospice services and . (#1 and 2)

The findings include:

1. Review of resident #1's record was conducted on . An 1823 health assessment dated revealed she required assistance for toileting and transferring and had no , 3, or 4 . The resident was admitted to the facility on . Another 1823 Health assessment dated documents resident #1 does not have any , 3, or 4 pressure sores. In the comment section it is documented "unstageable/hospice services". For activities of daily living, resident #1 is identified as being dependent for ambulation, bathing, dressing, eating, , toileting and transfering. Review of resident #1's assignment was conducted on . The special instructions for care section only stated bed bath only and fails to mention turning the resident or any other pressure reduction strategy to assist in healing.

An interview was conducted with Hospice nurse #1 on at approximately 11:45 AM. The

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Hospice nurse stated resident #1 had an unstageable on her that is open and not healing. She stated the resident had developed multiple and 2 in the last 2 weeks and she was not sure the resident was being turned appropriately. She stated the drainage on the dressing is dependent and could indicate the resident not being turned as often as she should be. The resident had a lot of pain and has as needed she is only receiving when the Hospice staff ask for it. Review of the Medication Observation Record (MOR) revealed new orders transcribed for Methadone 2.5 mg by mouth (PO) or (SL) 2 times a day routinely. 0.25 mg PO or SL 2 times a day routinely; and 100 mg per 5 ml. give 0.25 ml 5 mg PO or SL every 4 hours for pain as needed. there is an astrex (*) on the MOR with instructions to pre medicate resident #1 prior to ADL's and dressing changes, not to exceed every 4 hours. The was initialed as given only 7 times from 15-31, 2012. For the month of the PRN was only initialed as being given 7 times.

Observations of resident #1 were conducted on at approximately 12:14 PM, 1:19 PM, 2:14 PM and 2:40 PM. The resident was on her right side at all times.

An interview was conducted with employee E on at approximately 2:43 PM. Employee E stated she turns resident #1 every 2 hours. She stated she does not feel the facility has enough staff because some residents require 2 person assist and they have 3 resident aides on the floor. She stated resident #1 was assisted with her lunch around 12:40 PM and she placed the resident back on her right side because she

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could not get help to turn her and the other aides were busy.

An interview was conducted with employee B on at approximately 3:11 PM. Employee B stated the facility does not have enough resident aides to provide care because many residents require 2 person and assist and they only have 3 on the floor. She stated the resident aides are also responsible for cleaning the resident .

2. Review of resident #2's record was conducted on . The record revealed the resident receiving Hospice services and had a . The skin form dated revealed she had a open area on her . The assignment sheet for resident #2 revealed her to require 2 person assist to transfer and check every 2 hours for incontinence.

An interview was conducted with resident #2's caregiver (not employed by facility) on at approximately 2:22 PM. She stated on the resident was taken to breakfast from bed in a very soiled brief. She provided a photo of a brief on her phone of a yellow and brown soiled brief dated . She does not feel the staff check and change resident #2 every 2 hours.

An interview was conducted with employee B (the Licensed Practical Nurse for resident #2) on at approximately 1:42 PM. She stated she was not aware of any on resident #2's .

An interview was conducted with Hospice Nurse #2 on at approximately 3:53 PM. She stated at least once in the last month, after lunch

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A 030	Continued From page 7 time, she had observed the resident's brief, clothing and in the chair to be saturated with and dripping off her skin. Class II	A 030		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by:	A 054		

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Based on record review, staff interview and policy review the facility failed to ensure each resident's Medication Administration Record (MAR) was updated and documented each time a medication was offered or administered for 1 of 2 sampled resident's receiving [redacted] medications. (#4)

The findings include:

Review of resident #4's MAR was conducted on [redacted]. The MAR revealed the resident was to receive [redacted] 0.5mg-3ml inhale 3ml via [redacted] every 6 hours. The MAR reveals 18 doses from [redacted] 1- 20 2012 were blank (not signed as administered). The undocumented doses were not explained on the back of the MAR.

An interview was conducted with the Registered Nurse Regional Clinical Coordinator on [redacted] at approximately 1:33 PM. She stated nurses should document attempts to administer medications and could not explain the blank doses on the MAR.

The facility policy for Medication Administration Record was reviewed on [redacted]. #4 of the policy stated al associates administering medications must initial the MAR after the medication is received/taken and consumed by the resident. Explanations for medication refused and/or not given should be documented/noted on the back of the MAR.

Class III

A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels	A 079	

(4) STAFFING STANDARDS.
(a) Minimum staffing:

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1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be

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counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.

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1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on observations, facility staff interviews, caregiver interview, hospice staff interviews and

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record reviews the facility failed to provide adequate staffing to meet the needs for 2 of 2 sampled residents with hospice services and . (#1 and 2)

The findings include:

1. Review of resident #1's record was conducted on . The resident's 1823 health assessment dated revealed she required assistance for toileting and transferring and had no , 3, or 4 . The resident was admitted to the facility on . Review of resident #1's assignment was conducted on . The special instructions for care section only stated bed bath only and fails to mention turning the resident or any other pressure reduction strategy to assist in healing.

An interview was conducted with Hospice nurse #1 on at approximately 11:45 AM. The Hospice nurse stated resident #1 had an unstageable on her that is open and not healing. She stated the resident had developed multiple and 2 , in the last 2 weeks and she was not sure the resident was being turned appropriately. She stated the drainage on the dressing is dependent and could indicate the resident not being turned as often as she should be. The resident had a lot of pain and has as needed she is only receiving when the Hospice staff ask for it.

Observations of resident #1 were conducted on at approximately 12:14 PM, 1:19 PM, 2:14 PM and 2:40 PM. The resident was on her right side at all times.

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An interview was conducted with employee E on at approximately 2:43 PM. Employee E stated she turns resident #1 every 2 hours. She stated she does not feel the facility has enough staff because some residents require 2 person assist and they have 3 resident aides on the floor. She stated resident #1 was assisted with her lunch around 12:40 PM and she placed the resident back on her right side because she could not get help to turn her and the other aides were busy.

An interview was conducted with employee B on at approximately 3:11 PM. Employee B stated the facility does not have enough resident aides to provide care because many residents require 2 person and assist and they only have 3 on the floor. She stated the resident aides are also responsible for cleaning the resident .

2. Review of resident #2's record was conducted on . The record revealed the resident receiving Hospice services and had a . The skin form dated revealed she had a open area on her . The assignment sheet for resident #2 revealed her to require 2 person assist to transfer and check every 2 hours for incontinence.

An interview was conducted with resident #2's caregiver (not employed by facility) on at approximately 2:22 PM. She stated on the resident was taken to breakfast from bed in a very soiled brief. She provided a photo of a brief on her phone of a yellow and brown soiled brief dated . She does not feel the staff check and change resident #2 every 2 hours.

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
	AL11964794	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF PANAMA CITY	**2575 HARRISON AVENUE PANAMA CITY, FL 32405**

(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
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Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

Dear Administrator:

Re: CCR #2012010272

This letter reports the findings of a state licensure survey, complaint and Limited Nursing Services (LNS) monitoring visit that was conducted on , 2012 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGillis, RN

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

DH/pm
Enclosure
XG90

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