

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964794	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PANAMA CITY		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
	A 000 Initial Comments An unannounced Limited Nursing Services monitoring survey was conducted at Sterling House of Panama City Assisted Living Facility on . There were deficiencies found at the time of the visit. AN277 58A-5.031(2) FAC LNS - Resident Care SS=D Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.	A 000 AN277	

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0899

N06611

If continuation sheet 1 of 3

Agency for Health Care Administration

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review and staff interview the facility failed to administer as prescribed by the physician for 1 of 2 residents receiving (#3) The findings include: Review of resident #3's record was conducted on The record contained a physician order for via nasal cannula at 2 liters per minute dated Observations of resident #3 were conducted on at approximately 1:20 PM and 2:15 PM. The resident's dose was set at 3 liters per minute via concentrator. An interview was conducted with employee B (the Licensed Practical Nurse for resident #3) on at approximately 1:44 PM. She observed resident #3's was at 3 liters per minute and stated it should be at 2 liters per minute. Class III	AN277	
AN278 SS=D	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service.	AN278	

AHCA Form 3020-0001
STATE FORM

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2012

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

Dear Administrator:

Re: CCR #2012010272

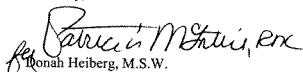
This letter reports the findings of a state licensure survey, complaint and Limited Nursing Services (LNS) monitoring visit that was conducted on , 2012 by a representative of this office.

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,


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

DH/pm
Enclosure
XG90

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