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
	AL11964437	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF PUNTA GORDA	250 BAL HARBOR BLVD. PUNTA GORDA, FL 33950

(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 These are the result of an unannounced follow-up to Complaint survey CCR# 2012002851 conducted on [redacted] at Sterling House of Punta Gorda, an Assisted Living Facility. The following deficiency was corrected: A0030. A 0025 was recited.	{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	{A 025}		

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{A 025}	Continued From page 1 administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to notify 1 (Resident #1) of 2 resident family members of a significant change. The findings include: At 9:35 a.m. on , during the initial tour, two plastic medicine cups were observed in the refrigerator in the medication . There were several pills noted in each cup. The pills were mixed in a yellow substance that appeared to be pudding. The cups were unmarked with no identification as to what they were or who they belonged to. As soon as they were observed Staff A took the cups from the refrigerator and took them to the medication chart. An interview was conducted with Staff A and the Administrator at 9:36 a.m. on Staff A stated he had just mixed the pills in pudding and placed them in the refrigerator. He stated the pills belonged to Resident #1 and Resident #2. He stated he mixed the pills with pudding because both residents had difficulty swallowing pills. The Administrator stated he had mixed the pills with pudding right before the morning meeting at 9:15 a.m. Review of Resident #1's 1823, dated , showed the resident was to receive assistance with medication. There was no physician's order noted in the resident medical record after to show the medical doctor was aware the resident was having difficulty swallowing pills.	{A 025}		

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{A 025}	Continued From page 2 There was no order to mix pills with pudding or applesauce and administer medications to Resident #1. Review of the resident's MOR (medication Observation Record) had no notation to mix medications with pudding or applesauce. Review of the Resident Observation Notes showed no documentation the resident's stepson had been notified the resident was having difficulty swallowing medication and needed medications administered. During an interview with Staff A at 10:30 a.m. he stated he had been administering medications to Resident #1 for about a month. He stated she was unable to remember what medications she was taking because of her [redacted]. He was mixing the pills with pudding because the resident had a hard time swallowing pills. He stated the pills in the cup in the refrigerator was Resident #1's morning medications. He also stated he had verbally told the Advanced Registered Nurse Practioner that the resident was having a hard time swallowing pills but he had not documented this action. He stated he had notified the resident's stepson that the resident was not swallowing pills well. He then stated he had not documented this action. An interview was conducted with the Administrator at 11:30 a.m. on [redacted]. She was asked to supply any documentation the resident's medical doctor or family member had been notified that the resident was having a hard time swallowing her medications and needed her pills mixed with pudding. She provided a doctors order dated [redacted] that stated may crush medications in applesauce. She was unable to	{A 025}		

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{A 025}	Continued From page 3 provide any documentation that the resident's stepson had been notified of the resident's change in condition. An interview was conducted over the phone with Resident#1's stepson at 11:49 a.m. on [redacted]. He stated the facility had not notified him that the resident was having difficulty swallowing pills and needed to have her medications mixed with pudding and administered to her. Class III Correction Date: [redacted]	{A 025}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964437	A. Building B. Wing	9/24/2012

Name of Facility	Street Address, City, State, Zip Code
STERLING HOUSE OF PUNTA GORDA	250 BAL HARBOR BLVD. PUNTA GORDA, FL 33950

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	4 HFES	10-4-12	Doe Day for: LARRY TAYLOR, RNS	10-4-12
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Sterling House of Punta Gorda
250 Bal Harbor Blvd.
Punta Gorda, Florida 33950

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2012by representative(s) of this office. Enclosed is the provider's copy of the State Form 3020, which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than , 2012.**

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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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