State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964081	A. Building B. Wing	11/13/2012

Name of Facility	Street Address, City, State, Zip Code
STERLING HOUSE OF TEQUESTA	205 VILLAGE BLVD TEQUESTA, FL 33469

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 A0008 Reg. # 58A-5.0181(2) FAC LSC		ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC		ID Prefix A0093 Reg. # 58A-5.020(2) FAC 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: 9. J. Smith	Date: 11/19/12	Signature of Surveyor: 9. J. Smith for HOLLY FOSTER	Date: 11/19/12
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

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 _____	R

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	{A 000}		

This reports the status of the deficiencies issued during the Assisted Living Facility Standard biennial Licensure survey conducted on , at Sterling House of Tequesta. During the revisit survey, conducted on , the following deficiencies were corrected, specifically:

A 008, A 0053 and A 0093

The following deficiency remains uncorrected, specifically:

A 0093

{A 092} SS=D 58A-5.020(1) FAC Food Service - General Responsibilities {A 092}

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.

This Statute or Rule is not met as evidenced by:

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{A 092}	Continued From page 1	{A 092}		

Based on observation and interview, it was determined the facility failed to ensure food service operations were performed in a safe and sanitary manner, specifically related to food storage. This practice has the potential to affect all 27 residents of the facility.
The findings include:
The kitchen tour was conducted with the Chef on [redacted] beginning at approximately 11:45 AM and the following concerns were identified:
1) The interior walls and 3 doors of the reach-in refrigerator were moderately soiled with food debris. The chef attempted to wipe down the walls at the time of this observation and he stated that he was not on duty the day before the day of the inspection. The amount of food debris was significant enough that it would not have accumulated over the course of 1 day.
2) There was a square (8"x 8") disposable container that contained a yellow colored sauce and a few napkins that was labeled "Steve" that was stored in the reach-in refrigerator. The chef acknowledged that this container should not be in the reach-in cooler and he then proceeded to discard it.
3) There was an open box of franks that contained 4 loose (not wrapped or sealed in any fashion) freezer [redacted] franks laden with ice crystals that was located in the reach-in refrigerator. The chef stated he had just moved that box from the freezer to the reach-in refrigerator. He acknowledged that the franks should have been wrapped and protected from freezer
4) There were two dispensing containers of whipped topping (one that was slightly used and one that was mostly used) that was not dated and were located in the reach-in refrigerator. The chef discarded the partially used container of whipped topping.

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{A 092}	Continued From page 2	{A 092}		

5) There was a bag of kale greens that was not sealed and not dated, located in the reach-in refrigerator. The chef proceeded to wrap the bag in plastic and then write on the package.
6) There was a large of cheese that was stored in a metal container utilized for steam tables (in the reach-in refrigerator) that had a piece of foil on the top that contained a large tear. Therefore, exposing the large of cheese to the air. It appeared that some numbers were written on the foil, however, the numbers (possible date) were no longer discernible.
7) There was 1 raw hamburger patty, loosely wrapped (not dated), in the reach-in refrigerator. The chef discarded this piece of meat.
8) There were a total of four fruit and cottage cheese plates, stacked on top of each other, that were located in the reach-in refrigerator. Two of the four plates were wrapped with plastic wrap and had a sticker with the date of These two plates contained a mixture of fruit that was turning brown on the edges and the cottage cheese had spread into the fruit. The other two plates were dated 11 and appeared to have fresh fruit and cottage cheese that had been mashed down by the weight of the other two plates (noted above).
9) The reach-in freezer was observed with excessive ice build-up inside the unit on the back and sides located near the top.
10) There were two partially full three gallon containers of ice cream (rum raisin and chocolate) in which the cardboard lids were breaking down and could not produce an adequate seal to protect this food product.
11) There was a 10 pound box of beef patties in the reach-in freezer. The interior plastic bag was not sealed and the contents was exposed to the

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{A 092}	Continued From page 3	{A 092}		

freezer air. The exposed tops and edges of these beef patties were freezer (a grayish-brown color). The chef discarded this box of beef patties and acknowledged that the plastic protective packaging should have been sealed.
Class III
This is an uncorrected deficiency from the survey conducted on

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR H ADMINISTRATION

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 revisit survey conducted on , 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies a (State Form 3020), which references the uncorrected deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies 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 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/sll
Enclosure

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