AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

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:

This letter reports the findings of a revisit survey conducted on , 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (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 surveyor. Should you have any questions please call this office at 850-412-4540.

Sincerely,

Patricia McGuire for

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

DH/pm
Enclosure

BBT7

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162

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 _____	R

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 An unannounced Complaint Revisit survey was conducted at Sterling House of Panama City on . Deficient practice was identified during the survey.	{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 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.	{A 030}		

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{A 030}	Continued From page 1	{A 030}		

(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 resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall

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{A 030}	Continued From page 2	{A 030}		

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 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

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(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 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

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{A 030}	Continued From page 4	{A 030}		

special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observations, facility staff interviews, caregiver interview, and record reviews the facility failed to provide adequate and appropriate health care to meet the needs for 1 of 2 sampled residents with . (#3)

The findings include:

Observations of resident #3 were conducted on / at approximately 8:40 AM, 9:44 AM, 10:40 AM. The resident was observed in a wheelchair in the front lobby area and her body was tilted to the right side. At approximately 11:44 AM the resident was observed sitting in a chair at the dining table and tilted to the right side. At approximately 1:22 PM the resident was observed back in the wheelchair in the front lobby area and tilted to the right side. At approximately 1:38 PM a staff member transported the resident in the wheelchair to a music activity located in the back hallway of the building. The resident remained in the wheelchair and tilted to her right side. The resident's personal sitter (not employed by the facility) had arrived at approximately 1:38 PM. The resident remained in the wheelchair and tilted to her right side until approximately 2:42 PM. At approximately 2:42 PM the resident was assisted to bed by the resident assistant and the resident's personal sitter. The sitter and staff removed the resident's disposable brief and pants. The resident's pants and disposable brief were wet with . The skin of the resident's was observed to be red, wrinkled and chaffed.

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Review of resident #3's record was conducted on . The resident health assessment dated revealed the resident had no , 3 or 4 , and required assistance to toilet and dress. The resident aide assignment sheet revealed the resident required 2 person assist to transfer and should be turned frequently. The home health in patient home record dated / revealed the resident had had a measuring 0.2 cm x 0.2 cm on the , a , measuring 0.2 cm x 0.3 cm on the left and a measuring 0.7 cm x 0.5 cm on the right . The assisted living facility open area flow sheet revealed the same dates and wounds with the same measurements. The facility personal service plan dated revealed the resident is of bowel and .

An interview was conducted with the resident's personal sitter on / at approximately 2:42 PM. The resident's sitter stated she frequently finds the resident to be soiled and the staff do not reposition and turn the resident. She provided a record of her visits which revealed she visited the resident on 11/2, 3, 5, 7 , 9, 10, 11, 12 and .

An interview was conducted with the day shift Licensed Practical Nurse (LPN) on / at approximately 3:04 PM. The surveyor asked the nurse how they monitor resident's that require turning to ensure the staff do so. The LPN stated she observes the resident during med pass with no set routine to observe the care. She stated most of the resident aides are self-sufficient. She stated resident #3 is usually placed back in bed after lunch and she did not notice the resident in

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bed today. She confirmed the resident had remained in a chair.

An interview was conducted with the Executive Director (ED) on / at approximately 3:17 PM. The ED stated the staff are expected to reposition the resident every 2-4 hours if they are to be turned frequently. The staff report the task is completed every 2-4 hours to the nurse and the nurse is to make a note in the resident record. He reviewed resident #3's record in the presence of the surveyor and confirmed there was no documentation of the resident being turned and/or repositioned.

Class II

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

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

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{A 079}	Continued From page 7	{A 079}		

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 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

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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.
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

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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, staff interview and record review the facility failed to provide adequate staffing to meet the needs of 1 of 5 sampled residents during an observed dining activity. (#3, lunch)

The findings include:

An observation of the lunch meal was conducted on / beginning at approximately 12:34 PM. Resident #3 was seated in the dining served 3 bowls of puree food. The resident assistant ( ) sat down and began feeding the resident. After feeding resident #3 1-2 bites of food the got up and began assisting 2 other residents at the same table. She then returned to resident #3 and began feeding her again. At approximately 12:38 PM the assisted resident #3 with another 1-2 bites of food, left the table and obtained coffee for a resident at another

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{A 079}	Continued From page 10	{A 079}		

table. The then passed a meal tray and served several deserts to other residents. The surveyor heard the state to another that she was trying to feed 3 residents and serve the dining . . . . . Resident #3 remained at the table with her meal in front of her and no other staff attempted to assist her with the meal. At approximately 12:42 PM the returned to resident #3 and began feeding her again, she then stopped assisting resident #3, got up and assisted another resident on the other side of the table with her coffee. The returned to resident #3 at approximately 12:45 PM and assisted her to eat. Resident #3 consumed approximately 50% of the meal.

Review of resident #3's record was conducted on / . . . . . . The personal service plan dated revealed the resident does not eat independently and requires staff to feed her at times. The record revealed weights as follows: - 140 pounds, - 136 pounds, - 121 pounds, - 120 pounds and / - 123.5 pounds. This equals a weight loss of 16.5 pounds in approximately 6 months.

An interview was conducted with the resident assistant on / at approximately 2:14 PM. She stated 4 residents require feeding assistance in the dining include resident #3. She stated today was a bad day and sometimes they had to stop feeding residents to do other tasks. She stated resident #3 usually consumes 50-75 % of her meals.

An interview was conducted with the Executive Director (ED) on / at approximately 3:17 PM. He stated he expects staff to feed resident #3 during meals. He stated resident #3

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is at nutritional risk. One staff should feed the resident and another staff should answer other resident requests. A manager will also help if the staff get behind. He stated the resident's daughter had recently agreed to allow staff to feed her and they bill additionally for this service. He confirmed there to be no documentation of medical reason to support the weight loss in the resident record.

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11964794

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
11/14/2012

Name of Facility
STERLING HOUSE OF PANAMA CITY

Street Address, City, State, Zip Code
2575 HARRISON AVENUE
PANAMA CITY, FL 32405

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 **A0054** Reg. # **58A-5.0185(5) 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		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By**	**Date:**	**Signat** **Surveyor:** Fatime Roc	**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**