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
	AL11964708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING HOUSE OF TALL	1780 HERMITAGE BLVD. TALLAHASSEE, FL 32308

(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 ECC/LNS monitoring On an unannounced ECC (Extended Congregate Care) and LNS (Limited Nursing Services) monitoring visit was conducted at 1780 Hermitage Blvd. The facility was found to NOT be in compliance with the requirements for licensure for Limited Nursing Services. The facility was in compliance with the requirements for Extended Congregate Care services at the time of the survey.	A 000		
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. This Statute or Rule is not met as evidenced by: Based on interviews and facility record review, the facility failed to ensure that nursing assessments were conducted by a Registered Nurse at least monthly for residents (1 of 3 residents) requiring Limited Nursing Services (LNS). (Resident #1) The findings include: On during a record review for resident	AN278		

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AN278	Continued From page 1 #1, a resident receiving LNS for care, revealed a form entitled "LNS/ECC Monthly Nursing Assessment", the dates of assessments were , and . The form was completed by the Health and Wellness Director, who is a Licensed Practical Nurse. The bottom of the forms were signed by the Registered Nurse (R.N.), but were all dated . On an interview was conducted with the Health and Wellness Director (HWD) at approximately 09:45am, she stated that the R.N. comes in and does the assessment with her, and that she (the HWD) just fills the form out. She stated the R.N. had forgotten to sign the forms that is why they are all dated the same. On at approximately 10:35am a phone interview was conducted with the RN who signed the assessment forms. She stated she visits the facility monthly. She is the Director at another facility owned by the same company. She states she has been involved in the assessment process, though the Wellness Director has been filling out the form. She stated she had been negligent in when the assessment was conducted, but would start scheduling a time with the HWD on a monthly basis to ensure completion of the required monthly assessment. On at approximately 10:45am a phone interview was conducted with Resident #1. She confirmed the nursing services she was receiving and was happy with the care she was receiving. She indicated that she has never had a monthly assessment conducted by the HWD or by the Registered Nurse, the only assessment done was by the nurse who empties and changes her bag and this was not the HWD or	AN278		

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AN278	Continued From page 2 the R.N. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Tall
1780 Hermitage Blvd.
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure survey (limited nursing service) that was conducted on , 2013 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 , 2013 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 N Heiberg, RN

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

DH/pm
Enclosure
XG90

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