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 _____	

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 An unannounced Biennial and Limited Nursing Service (LNS) survey was conducted on [redacted] at Sterling House an Assisted Living Facility (ALF) at Punta Gorda, Florida. State deficiencies were identified as a result of this survey.	A 000		
A 030	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 Disabilities, [redacted] 12-0823; 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	A 030		

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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.
(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

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

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attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(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 incapacitated, . . . 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 restraint, , coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right

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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 special interest groups.

This Statute or Rule is not met as evidenced by:
1. Based on interview and observation, the facility failed to honor 2 (Residents #2 and #12) of 12 residents rights to be treated with dignity by staff entering the residents apartment without knocking, even after the residents placed a sign on the door of apartment asking staff to please knock.

2. Based on observation and interview, the facility failed to answer a call light in a timely manner resulting in 1 (Resident #2) resident being and feeling undignified.

The findings include:

1. During the initial tour at 9:30 a.m. on a sign was observed on the door of The sign read, "Please Knock Twice To Enter Thanks."

Resident #2 and #12 are a husband and wife who moved into the facility in of 2011.

During an interview with both residents on at 10:30 a.m., both residents stated there had been an ongoing issue with staff members coming in their knocking. Resident #2 stated he had made a sign and placed it on his door to remind staff to knock before entering. Both residents stated the sign had not made a difference in the way staff entered the apartment.

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Resident #2 stated he was in his wheelchair near the kitchen sink which is near the front door one day and the fire alarm went off. He stated one of the CNA's came in the . . . . . knocking and hit him in the arm with his front door. He stated there were two black and blue marks on his arm. A slight discoloration was observed on the resident's right . . . . . Resident #2 stated, "The CNA's come in a lot without knocking. That's why we put the sign out there. I'm sure it happens to a lot of other people in the building."

During the interview at 10:53 a.m. on . . . . . Staff A was observed to tap quickly on the resident's door and walk in the apartment without the residents acknowledging her. She was observed walking by the surveyor and the residents and walked into the resident's . . . . . saying a word. She was then observed walking out of the apartment. Resident #13 was then observed to say, "You see what we mean."

During an interview with Staff A at 12:50 p.m. on . . . . . she verified that she had not waited for the residents to tell her to come into the . . . . . entering their apartment. She also verified she had not acknowledged the residents before going into their . . . . . She stated, "I didn't want to disturb you."

2. During an interview with the residents at 10:30 a.m. on . . . . . an odor of . . . . was observed throughout the Apartment. Resident #12 complained of the odor which was strong in the living . . . .

During an interview conducted with Resident #2 at 10:30 a.m. on . . . . . he stated staff often do not answer his call light in a timely manner. He stated he had been left on the toilet on more than

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A 030	Continued From page 6 one occasion. He stated during a shift change he was left while one staff told him she had to punch out or she would get in trouble with the facility. He stated he had called for assistance on that morning and a staff member had told him she would be back shortly. He stated no one had returned for over 30 minutes. He stated he had a bowel movement in his pants before they returned. He stated this was why the apartment smelled so bad. He stated he had just been changed by Staff A. During an interview with Staff A at 12:40 p.m. on , she stated she had not answered the initial call of the resident. She verified she had changed the resident this morning after he had a BM in his pants. She was asked about the odor in the apartment. She acknowledged she could have deodorized the apartment before leaving the resident. Class III	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of	A 052		

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medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.

(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.

(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;

2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;

3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or

4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;

(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is

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required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on observation and policy review, the

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A 052	Continued From page 9 facility failed to appropriately administer medication to 6 (Residents #1, #9, #13,#14,#15, and #16) of 6 residents observed during medication administration. The findings included: Observation on at 8:30 a.m., of Staff D during medication administration was made. Employee D failed to wash and or sanitize his hands before and after administering medication to Residents #1, #9, #13,#14,#15 and #16. Review on of the facility policy for Medication & Treatment indicate under policy detail for Step #1 and #14 "Wash hands." Employee D failed to follow the facility policy for medication administration. Class III	A 052		
A 092	58A-5.020(1) FAC Food Service - General Responsibilities 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.	A 092		

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This Statute or Rule is not met as evidenced by:
Based on record review, interview and observation the facility failed to follow a physician's therapeutic diet for two residents, (Resident #2 and #12) of 12 residents surveyed, resulting in hyperglycemia.

Findings

Resident #2 and #12 are a husband and wife that have lived in the facility since June of . Both residents are obese and suffer from diabetes mellitus. receive insulin daily control their blood glucose

According to the Mayo Clinic, "For many people who have diabetes, target are:
Before meals - between 70 and 130 milligrams per deciliter (mg/dL), or 4 and 7 millimoles per liter (mmol/L)
One to two hours after meals - lower than 180 mg/dL (10 mmol/L)
Fasting at least eight hours - between 90 and 130 mg/dL (5 and 7 mmol/L)"

Review of Resident #2's medical record shows he has accuchecks twice Review of the resident's accuchecks show is consistently tested with a blood sugar than 130mg/dl.

The resident's has a diet order of Carbohydrate Controlled dated is ordered by a medical doctor to control his blood sugar The diet is, "Based on a regular diet but since carbohydrate content meals produces the largest influence on blood sugar , meals

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are planned to provide a consistent amount of from day to day."

Review of Resident #12's medical record shows she is also on a Controlled Diet. Her medical doctor ordered this diet on The resident is on a sliding scale of amount is based on glucose result). She receives four times daily. Her sugars are consistently tested as greater than 200mg/dl.

Both residents were placed on these therapeutic diets by their medical doctors to control their glucose levels.

An interview was conducted with both residents at 10:30 a.m. on Both residents complained they were not receiving a diet. Resident #2 stated, "We are both atic's and they serve a lot of rice and starch." The residents complained they were getting to many deserts with sugar. He said residents had complained to staff during the resident meetings. He stated Staff had told residents they were trying to get more sugar free deserts. He stated nothing had been done by staff.

During lunch service at 12:30 p.m. on staff were observed serving residents red velvet cake with icing. Residents #2 and #12 were observed receiving the desserts. They were not observed to be given a healthier choice of dessert. They were observed getting a full portion of the dessert. Red velvet cake was the only desert observed to be offered during the lunch service to all residents.

An interview was conducted with the cook at 12:35 a.m. on He stated he was filling in

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for the regular cook who was unable to work the shift. He was asked if any of the residents were on a therapeutic diet. He stated, "Not that I know of. They all eat the same thing."

An interview was conducted with Staff D an Licensed Practtionar Nurse (LPN) at 12:42 p.m. on . He was asked if he had seen Residents #2 and #12 eat the red velvet cake on . He stated he sometimes sees Resident #2 eat the wrong things. He stated he saw him eat raisin bran and told him, "The bran is fine but it's the raisins that's killing you." He stated he did not document when the resident was not following his therapeutic diet. He was asked how he would know if the resident was consistently not following his diet without documenting, he stated, "I would know when his . sugar was elevated."

An interview was conducted with the Administrator at 12:20 p.m. on . She stated the cook in the kitchen is filling in for the regular cook. She was asked what residents, who were on controlled diets, would receive instead of apple pie today. She stated they would be offered fruit. She was asked about residents who were served red velvet cake on . What would be the alternative dessert be on . She stated they were offered Jello with fruit. She was then told Residents #2 and #12 were given red velvet cake. She stated some residents ask for the cake. We have to give it to them. She was asked if staff documented when a resident refused to follow his diet. She stated, "It won't be documented for yesterday. We don't document what they eat every shift." She stated if a resident refused consistently it would be documented. She was asked how she would know if a resident was refusing consistently if it

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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 092	Continued From page 13 was not documented. She stated, "I guess we would rely on staff." On at 12:30 p.m., both Residents #2 and #12 were observed to eat apple pie during lunch service. Class III	A 092		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating , aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident's health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling , or performance of an intermittent . (h) Performing stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for and closed surgical wounds. (j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and Care for head braces, such as a is not permitted	AN276		

Agency for Health Care Administration

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AN276	Continued From page 14 under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation the facility failed to provide LNS, (Limited Nursing Services) to 1 (Resident #1) of 1 resident reviewed with a by providing routine care. The facility failed to communicate effectively with a third party nursing service regarding care and an existing stage one for 1 (Resident #1) of 1 resident reviewed. The findings include: During the entry conference into the Facility the RNCM (Registered Nurse Case Manager) at 9:30 a.m. on informed the survey team there was one resident who was currently receiving LNS services for wraps on her legs.	AN276		

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AN276	Continued From page 15	AN276		

Review of the Medical Record shows the Resident #1 moved into the facility on [redacted]. He was transferred from a nursing home after receiving physical [redacted] for a [redacted]. He was discharged with a [redacted] and was given home health services to provide skilled nursing services. Review of the Home Health Plan Care showed, "Skilled Nursing to instruct patient and care giver [redacted] Irrigation with 30-60 cc sterile water for leakage/blockage, [redacted] change monthly with 18 french, 10 cc [redacted] due week [redacted]"

Review of the Personal Service Assessment preformed at the nursing home showed Resident #1 needed routine [redacted] care.

According to Penn State Hershey Medical School routine [redacted] care should be performed twice daily.

"Follow these steps two times a day to keep your [redacted] clean and free of germs that can cause

Wash your hands well with soap and water. Be sure to clean between your fingers and under your nails.
Change the warm water in your container if you are using a container and not a sink.
Wet the second washcloth with warm water and soap it up.
Gently hold the [redacted] and begin washing the end near your [redacted] or penis. Move slowly down the [redacted] (away from your body) to clean it.
NEVER clean from the bottom of the [redacted] toward your body.
Gently dry the tubing with the second clean towel."

Review of the Resident #1's observation record

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AN276	Continued From page 16	AN276		

showed no documentation of the resident or the staff performing routine care.

During an interview with Staff A, a Certified Nursing Assistant (CNA), at 12:50 p.m. on she stated she cleaned the tubing daily when she emptied the bag. She stated Aides took the resident's bag off in the morning and placed a leg bag on the resident during the day. She stated she cleaned the tubing daily with an swab she stated she did not document this in the resident's record.

An interview was conducted with Staff B on at 1:50 p.m. She stated she changed the bag daily and cleaned the tubing with an swab. She stated the nurse had told her to do this.

Review of the Facility Care" showed that it is preformed to prevent The policy does not show who is responsible to perform the care. The policy does not state how often the care is to be done.

An interview was conducted with the RNCM on at 11:00 a.m. She stated the CNAs would do care twice daily for the resident. She was asked if the CNAs had ever been instructed in doing care. She stated they had not. She was asked if Resident #1 received LNS services. She stated the resident received monthly changes from a Home Health Service. She stated she was not aware that routine care was an LNS service (to be performed by licensed personnel).

Review of the assignment sheet for CNAs working on the reads, "105 Resident #1-

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AN276	Continued From page 17	AN276		

Empty bag and change to bed bag at the end of the shift..."

Review of a home health note communication form for Resident #1 reads, "Skilled Nursing assessment done. remains red try to get patient to stand and relieve pressure at least every 2 hours."

An interview was conducted Staff E, a CNA, on at 10:30 a.m. She was asked how often the resident stood daily. She stated the resident has physical three times weekly. She stated she would have the resident stand in his she assisted him to the

An interview was conducted with Staff D, an LPN, at 11:10 a.m. on He stated the redness on the resident's was no blanching. He was asked what was being done for the resident. He stated the resident had applied twice daily. He was not aware the resident was to stand every two hours.

An interview was conducted with the RNCM on at 11:30 a.m. She stated she had not been made aware the home health nurse had recommended staff encourage the resident to stand every two hours. She stated the home health nurse had not informed her. She stated she did know Resident #1 had redness to his

Review of the CNA assignment showed no instruction to the CNAs to relieve pressure from the resident's

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Punta Gorda
250 Bal Harbor Blvd.
Punta Gorda, FL 33950

Dear Administrator:

This letter reports the findings of a Limited Nursing Service (LNS) survey that was conducted on , 2013 by representatives 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
2727 Mahan Drive
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