| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964586 | 07/16/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Sterling House Of Lehigh Acres | 1251 Business Way Lehigh Acres, FL 33936 | |

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

These are the results of an unannounced Biennial and Limited Nursing Service (LNS) survey conducted through at Sterling House Lehigh Acres, an Assisted Living Facility (ALF) in Lehigh Acres, FL. The census at the time of the survey was 42.

The following is a description of the non-compliance:

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to properly dispose of expired and discontinued medications within the allowed 30 days for 11 (Residents #4, #8, #13, #19, #20, #21, #22, #23, #24, #25, and #26) of 42 in-house residents.

The findings include:

1. On at approximately 11:30 a.m., an observation was made of a cabinet shelf in the Wellness Center which contained an abundance of unorganized medications. Further investigation revealed there were many expired medications. There were also medications that had been discontinued. There were medications that contained no information at all. Under this Statute or Rule the facility only has 30 days to dispose of these expired medications.

The medications found were Resident #4's chewable 500mg for Tums exp Torsemide tablets 20 mg expired 10 mg
Resident #8's 50 mg expired two pill cards.
Resident #13's cream 2% expired
Resident #19's 500 mg exp two pill cards.
Resident #20's 2.5 mg said discontinued. But had no date. 220mg expired times 2 pill cards.
Resident #21's 1 gm expired
Resident #22's .25 mg discontinued with no date. 25 mg medication in cabinet mixed in with expired/discontinued medications. Nothing written on pill card to indicate that it had been discontinued.
Resident #23's 25 mg discontinued. Atarax 25 mg expired
Resident #24's mg was mixed in with expired/discontinued medications. No indication if it was discontinued or changed.
Resident #25's 100 mg order changed Label did not indicate frequencey of new dose. It was mixed with expired/discontinued medications.
Resident #26's 50 mg expired

2. During an interview on at approximately 11:30 a.m., Employee H said those medications were medications that were overflow and would not fit in the medication cart. After review the medications with

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Employee H, she agreed that there were medications that were expired and discontinued mixed with other medications of unknown history. When asked about the expired medications, Employee H said, "I didn't know I only had 30 days to dispose of the expired medications. I didn't know I couldn't store other medications with the expired medications."

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation, interview and record review, the facility failed to properly label prescribed over the counter medications for (Residents #12, #15, #16, and #17) of 42 residents.

The findings include:

1. On . . . . at approximately 1:30 p.m., observation of the medication carts revealed, Residents #12, #15, #16, and #17 had over the counter medications prescribed by a physician in the medication drawers, whose order did not match that of the manufacture as labeled. None of the medications included a pharmacy label with the correct dosage prescribed. Some bottles had the residents name written in black permanent marker, while other had markings to identify which resident was to receive the medication.

Resident #12: 1 bottle of Bayer low dose . Manufactures label reads take 4-8 tablets every 4 hours not to exceed 48 tablets in 24 hours. The Medication Observation Record (MOR) reads; take one tablet per day.

Resident # 15: 1 bottle of . gel eye drops (gtts).manufactures label reads; 1 to 2 drops as directed or needed. The MOR reads 1 drop in each eye 3 times daily; 1 bottle of . 20 mg . OTC) (manufactures label unreadable on bottle), the MOR reads 1 tablet by mouth daily.

Resident # 16: 1 bottle of Bayer low dose . take 4-8 tablets every 4 hours not to exceed 48 tablets in 24 hours. The MOR reads; take one tablet daily. 1 unmarked bottle of Mira lax label reads, take 17 grams, (fill to indicator line on cap) per day or as directed by physician) in 4 to 8 ounces of water, the MOR reads 17 grams mixed with 8 ounces of water daily. 1 bottle of Refresh eye drops. Label reads; 1-2 drops in effected eye. The MOR reads: 1 drop in each eye twice daily.

Resident #17: 1 bottle of Tab-a-vit Gummy . . . . label reads, take 2 . . . . . daily. The MOR reads, 1 tab by mouth daily.

2. During an interview with Staff H on . . . . at approximately 2:45 p.m., it was agreed that the medications were unlabeled and 1 medication had no identifying information on bottle. Staff A stated many families purchase the OTC medications because it is so much cheaper than getting it through the pharmacy services. Staff A agreed all medications must be labeled by the pharmacy or physician if the physician's orders are different than the Manufacturer's labeled recommendations. Staff H also stated she would make the physician and the families aware that if the label and the order do not match, the medication must have a label from the pharmacy or

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physician with the physicians order.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure their staff have submitted a statement from a health care provider stating they are free of communicable upon hire. The facility also failed to have documentation of their staff being free annually.

The findings include:

1. A review of the personnel record for Staff A revealed the staff was hired as a direct care staff on The personnel record contained the annual statements dated and There was none for 2013.

An interview on at 4:30 p.m. with Staff?? Revealed she would not have required a statement of freedom from for this staff this year as she believed the physician review of the chest x-ray was good for two years.

2. A record review on on the employee record of Employee C found that the last documentation was on

3. A review of the personnel record for Staff D revealed the staff was hired as a direct care staff on The personnel record contained the annual statements dated and There was none for 2012.

An interview on at 4:30 p.m. with Staff?? Revealed she would not have required a statement of freedom from for this staff last year as she believed the physician review of the chest x-ray was good for two years.

4. A record review on on the employee record of Employee E found the Communicable status statement to be missing. The employee had a chest x-ray in her record. However, there was not a statement regarding her status. Employee E's date of hire was

5. During an interview on at approximately 5:30 p.m., the Administrative Secretary stated that she did not realize that Employee E's Communicable statement was missing. She also stated, "I didn't know that if they had a chest x-ray, they still needed a yearly statement of being free."

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on interview, and record review, the facility failed to complete a comprehensive monthly nursing assessment for (Residents #12, #16, #20, and #27) 4 of 5 residents receiving Limited Nursing Services (LNS) at the facility.

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The findings include:

On , a review of the resident records for Residents #12, #16, #20, and #27 revealed no monthly comprehensive nursing assessments were completed by a registered nurse.

During an interview with the Health and Wellness Director on at 12:15p.m., she stated she was aware of this practice and admitted there was no documentation of monthly health assessments in the residents' records. She stated she would notify the facilities registered nurse case manager immediately and have the comprehensive assessments completed and placed on the residents charts.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Lehigh Acres
1251 Business Way
Lehigh Acres, FL 33936

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey that was conducted on , 2013 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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