STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964062	08/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Vero Beach	**410 4th Court Vero Beach, FL 32962**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments

A standard relicensure survey was conducted on , 2013. Sterling House of Vero Beach had licensure deficiencies found at the time of the visit.

An unannounced revisit to a licensure complaint survey, CCR #2013001276, was conducted in conjunction with this survey. The previously identified deficiency was found corrected. Please refer to the separate report.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and an interview, the facility failed to ensure the Medication Administration Observation Record (MOR) was accurate and up-to-date for 1 out of 4 sampled residents (Resident #4).

The findings include:

On at 9:32 AM, the MOR for Resident #4 was reviewed with the L.P.N. (licensed practical nurse) and the following discrepancies were identified:

a) All medications for at 9 AM were not initialed as given on one page of the MOR. This included the following medications:
1)
2) (8:30 AM)
3)
4)
5)
6) Therapeutic-M
7)
8)
9)

A telephonic interview was conducted with the LPN "in training" on at 11:52 AM who stated she gave the medication but believes she forgot to sign the MOR.

These findings were acknowledged by the regional nurse during interview at 11 AM on .

Class III

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	AL11964062	08/07/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff B and C) had freedom from documented on an annual basis.

The findings include:

The files for Staff B and C were reviewed for freedom from documented on an annual basis. There was no documentation of this dated within the previous year. Staff B was hired on and Staff C was hired on The Regional Nurse was interviewed at approximately 12 PM on and confirmed that the documentation was not present and available for review.

Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC

Based on record review and an interview, the facility failed to ensure that at least one staff member trained in both First Aid and and was within the facility with residents at all times.

The findings include:

An interview with the Health and Wellness Director was conducted on at approximately 11 AM. It was revealed that the facility had 2 resident aides who were left in sole charge of residents from approximately 7:30 PM to 11 PM on a daily basis. The files for Staff C and F, who worked alone during the 3 PM to 11 PM shift at times, were reviewed for training in both and First Aid. Neither of the staff members had training in both First Aid and This was acknowledged by the Regional Nurse during discussion at 2:45 PM on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Vero Beach
410 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) Form
XG90

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