STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964794	**08/09/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Panama City	**2575 Harrison Avenue Panama City, FL 32405**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

On an unannounced LNS/monitoring survey was conducted at Sterling House of Panama City. Deficiencies were cited.

N278-LNS - Records 58A-5.031(3) FAC
Based on clinical record review, staff interview and review of the LNS policy and procedure the facility failed to maintain a monthly nursing assessment for 1 of 3 (#2) residents reviewed for LNS (limited nursing services).

The findings are:

A review of the clinical record for resident #2 revealed the most recent monthly nursing assessment was dated .

An interview with the health and wellness director was conducted on at approximately 11:20 AM. She was unable to find a nursing monthly assessment for resident #2 for the month of 2013. She stated she knew the registered nurse was here in but did not know how resident #2 had been missed.

A review of the LNS policy and procedure dated reveals that a monthly assessment on the services provided shall be completed.

Class III

AO02HQASchedule

From: Hamilton, Peggy
Sent: Sunday, , 2013 4:51 PM
To: AO02HQASchedule
Subject: LNS Monitoring Sterling house Panama City 137Y11
Attachments: ASPENTX.ZIP; LNS 30881 137Y11 08092013.doc; RS 30881 137Y11 08092013.doc; SN 30881 137Y11 08092013.doc

Event ID: 137Y11

One citation

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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