STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	**07/25/2013**
NAME OF PROVIDER OR SUPPLIER **Sterling House Of West Melbourne I**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 Greenboro Drive Melbourne, FL 32904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

(If revisit, delete corrected tags/text)
Specific Tag Findings:

0000-Initial Comments
Unannounced Limited Nursing Services (LNS) monitoring visit conducted.

Sterling House of West Melbourne I had a deficiency found during visit.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview the facility failed to ensure that freedom from was documented on an annual basis and by a health care provider for 2 of 3 sampled staff (B and C).

Findings:

Personnel record review at approximately 2 PM for staff B revealed a chest X ray result dated

Personnel record review at approximately 2:15 PM for staff C revealed a test result dated that was signed by an MA (Medical Assistant).

Continued individual personnel record review revealed no evidence to confirm that staff B and C had evidence to confirm freedom from yearly (due in 2013) as required.

The Health and Wellness Director stated at approximately 2:30 PM she was unable to locate current documentation for the staff to confirm freedom from .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013
(amended letter and state form to reflect correct facility & address)

Administrator
Sterling House Of West Melbourne I
7300 Greenboro Drive
Melbourne, FL 32904

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 Lorraine Henry at .....

Sincerely,

Theresa DeCanio, RN

Field Office Manager

LH/be
Enclosure

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