STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964586	09/03/2013
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)		

Revisit Corrected Tags:
0057-Medication - Over The Counter (otc) Products-09/03/2013

Revisit Repeat Tags:
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac
N278-Lns - Records-58a-5.031(3) Fac

Revisit New Tags:
0010-Admissions - Continued Residency-58a-5.0181(4) Fac
0077-Staffing Standards - Administrators-58a-5.019(1) Fac

Specific Tag Findings:
This was a follow-up to a Standard Biennial survey with the Limited Nursing Service (LNS) component completed on . At the time of the survey one of the previously cited deficiencies were found to be corrected. A0055 and A0078 were uncorrected deficiencies. N278 was recited due to a different issue. At the time of the survey deficiencies were identified.

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record review and interview, the facility failed to ensure residents with more than one were identified to not meet the continuing residency criteria to be concerned an appropriate for 1 (Resident #2) of 4 residents receiving Limited Nursing Service (LNS) services.

The findings include:

On at 10:45 a.m., the Director of the Wellness Center stated Resident #2 is on LNS services due to the treatment of 2 to the

Resident #2's record review found a physician's order dated for calmoseptin ointment plus corn starch to be apply twice a day until healed. A physician's order dated states admit Resident #2 to LNS for skin would care. The Medication Observation Record (MOR) for Resident #2 document that the calmoseptin ointment plus cornstarch was applied twice a day on and at 8:00 a.m. on

The resident log date states resident has 2 open areas on right Calmoseptin ointment applied per order will contact ARNP on The Log dated at 1:00 p.m., states applied to as ordered 0 signs or symptom of noted. On at 4:00 p.m. The log is updated as; contacted ARNP new order to admit resident to LNS for skin care. Power of Attorney (POA) notified. Upper right 1 x 0.3 x 0.1 lower right 0.5 x 0.3 x 0.1 0 drainage noted. Preposition resident every 2 hours. On at 9:00 p.m., states new order to apply calmoseptin ointment plus corn starch, apply to until healed. This is the last entry to the resident's log concerning the treatment of the on the right The Resident Service Notes completed by the ARNP on assess Resident #2 to have 2

On at 12:15 p.m., the director of the wellness center stated the facility is providing care for Resident #2's

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two . She state they did not realize a resident with more than "A" was not appropriate for an ALF with a LNS component. She stated no action has been initiated to discharge Resident #2 to a facility for higher level of care.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and record review and interview, the facility failed to ensure that expired medication being kept by the facility in the centrally stored medications were returned to the family or discarded within 30 days of expiring for 1 (Resident #4) of 5 sampled residents.

The findings include:

A tour of the medication storage area on at 9:15 a.m., found the medication ort-HC 25 mg for Resident #4 being stored in the refrigerator in the facilities wellness center. The expiration date on the medication label was .

On the Director of the Wellness Center stated she audits all the medications once a week to identify any expired medications. She stated she has not been going through the medication in the refrigerator and did not identify the ort-HC suppositories 25 mg being expired or Resident #4.

Record review for Resident #4 found a discontinue the use of the ort-HC dated .

Class

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
0077-Staffing Standards - Administrators 58A-5.019(1) FAC
Based on interview the facility failed to ensure the administrator, who supervises more than one facility, appointed in writing a separate "Manager" for each facility.

The findings include:

On at 1:45 p.m., the Administrator stated that she supervises two facilities. She is the administrator of the sister facility in Punta Gorda. She said she has been recently assigned to be the Administrator of the facility. She stated that the notification of change of Administrator has been sent to the Agency; however, she did not have a copy of the notification. She stated there is no manager appointed in writing for this facility.

On at 2:00 p.m., the AHCA web site facility finder identified the Administrator to be the Administrator of the facility in Punta Gorda.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 (Staff H) of 3 sampled staff had the required annual statement from a health care provided that they were free from signs or symptoms of .

The findings include:

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Record review for Staff H found her hire dated was . . Her most current statement of freedom from . . was dated .

On . . at 1:45 p.m., the Administrator stated that Staff H has not provided a statement from a health care provider that she is free from signs and symptoms of . . since the one dated . .

Class .

N278-LNS - Records 58A-5.031(3) FAC
Based on record review, observation and interview, the facility failed to ensure nurse progress notes were completed for 1 (Resident #2) of 4 residents receiving Limited Nursing Service (LNS) services.

F.A.C. A58-5.0131(26) defines "Nursing progress notes" or progress notes means a written record of nursing services, other than medications administration or the taking of vital signs, provided to each resident who receives such services pursuant to a limited nursing or extended congregate care license. The progress notes shall be completed by the nurse who delivered the services and shall describe, the date, type, scope, amount, duration and outcome of services, that are rendered; the general status of the resident's health; any deviations; any contact with the resident's physician and shall contain the signature and credential initials of the person rendering the services.

The findings include:

On . . at 10:45 a.m., the Director of the Wellness Center stated Resident #2 is on LNS services due to the treatment of 2 . to the . .

Resident #2's record review found a physician's order dated for calmoseptin ointment plus corn starch to be apply . . twice a day until healed. A physician's order dated . . states admit Resident #2 to LNS for skin would care. The Medication Observation Record (MOR) for Resident #2 document that the calmoseptin ointment plus cornstarch was applied twice a day on , . . and at 8:00 a.m. on . . .

The resident log date . . states resident has 2 open areas on right . . Calmoseptin ointment applied per order will contact ARNP on . . The log dated . . at 1:00 p.m., states . applied to . . as ordered 0 signs or symptom of . . noted. On . . at 4:00 p.m., the log is updated as; contacted ARNP new order to admit resident to LNS for skin . . care. Power of Attorney (POA) notified. Upper right . . 1 x 0.3 x 0.1 lower right . 0.5 x 0.3 x 0.1, 0 drainage noted. Preposition resident every 2 hours. On . . at 9:00 p.m., states new order to apply calmoseptin ointment plus corn starch, apply to . . until healed. This is the last entry to the resident's log concerning the treatment of the . . on the right . .

On . . at 12:15 p.m., the director of the wellness center stated that since . . staff nurses have been treating Resident #2 wounds as noted on the MOR. She stated the nurse providing the . . care did not update the progress notes with the treatments.

Class . .

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 **second** State Licensure Revisit Survey conducted on
3, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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

YOSF

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