STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964641	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Englewood	550 Rotonda Blvd. West Placida, FL 33947	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:
An unannounced Biennial and Limited Nursing Services (LNS) survey was conducted on through at Sterling House of Englewood an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0083-Training - First Aid and 58A-5.0191(4) FAC
Based on a review of personnel files, and interview with administrative staff, the facility failed to ensure there was 1 staff present in the building at all times with certification and first aid certification for 2 (Employees B and F) of 5 employees reviewed.

The findings include:

1. Interview with the Health and Wellness Director on at 10:30 a.m., revealed the facility has LPNs (licensed practical nurses) around the clock 5 days a week. On 2 night shifts, there is 1 (F) and 1 medication technician (B) scheduled.

2. Review of Employees B and F personnel files revealed Employee B has a certification that expired on Employee F's card expired in Neither of these employees had evidence of First Aide training.

Interview with the Administrator on at 3:30 p.m., indicated agreement neither of these staff have the required current training.

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0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation, interview and review of the planned menu, the facility failed to ensure correct portion sizes were served and menus were easily available or conspicuously posted to residents served in the dining

The findings include:

Observation of the dining at 12:00 p.m., revealed residents seated at dining Dining were observed offering a variety of beverages from a cart and the residents were selecting beverages of their choice.

Observation revealed 2 menus with small print posted approximately 5 foot above the floor which included the following for :

"Light meal" (noon): tomato bisque, savory seafood casserole, steamed white rice (lined through) with stuffing documented as the substitute, buttered broccoli (lined through) with mixed vegetables as the substitute, chocolate chip cookie and no sugar added lemon sorbet."

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Observation during food service as the entrees were served revealed the stuffing was missing from the plates. Sugar cookies were served instead of the chocolate chip cookie and interview with a server during this observation revealed she was unaware the stuffing should have been served. She confirmed they did not have chocolate chip cookies and instead of the no sugar added lemon sorbet, they replaced it with sugar free butter pecan ice cream.

Six residents were interviewed between 12:28 p.m. and 12:45 p.m. as it was noticed the seafood casserole was barely eaten from their plates. Residents #2, #5, #6, #15, #16, and #17 stated they used to get a menu placed on their tables where they could see what they were getting for their meals; however, Resident #5 stated, "We don't get one anymore for some reason." Resident #17 stated, "It used to be routine, but, now it's every now and then." The other residents who were seated at the same table confirmed. Resident #17 continued, "If I'd known what else was offered, I wouldn't have certainly ordered this (referring to the seafood casserole)." She further added, "On one side of the menu was what was going to be served and on the other side you could pick something else if you didn't like what was being served for the day."

When asked if they knew there was a menu posted over by the coffee station, they all shook their heads negatively and Resident #17 stated, "No, where would that be." The surveyor pointed to the posted menus by the coffee station and she stated, "Honey, how in the world would they expect us to see that? I can't see that." Residents #5, #2, and #16 shook their heads in agreement. Residents #15 and #6 stated they were not happy that they "Haven't gotten a menu in a long time."

During an interview on at 12:45 p.m. with the Dining Service Coordinator (DSC), who also prepares the food, he stated, "We did not have a menu on the table today and it was because we are down a couple people. I'm in training and they have a new computerized on-line menu type thing, I'm not real good with computers and I'm in training to learn how to print the menu instead of creating our own with what we are supposed to serve. It will be an electronic printed out menu. The lady who used to generate the menus has been gone about a month and the menus used to be on the tables for the residents. On the menu that goes on the table, the alternates are listed."

Review of the menu and portion sizes signed and approved by the dietitian for confirmed the DSC was to serve 6 ounces of the seafood casserole and 4 ounces of the stuffing along with the mixed vegetables, and chocolate chip cookie as the dessert. The no added sugar lemon sorbet was for controlled diets.

The DSC was asked about the missing stuffing, chocolate chip cookie and no sugar added lemon sorbet ice cream. He stated he mixed the stuffing in the with the batch of seafood casserole, then scooped this mixture onto the resident's plates. He confirmed he was supposed to serve 6 ounces of protein and 4 ounces of starch and he only served 6 ounces of food items combined. He failed to serve the correct portion size of each item. He stated he did not have the chocolate chip cookie or no added lemon sorbet available and forgot to mark their substitutes.

During an interview with Resident #9 on at 1:00 p.m., she stated sometimes she "Doesn't get enough to eat and "feels" she is losing weight."

During the interview with the Executive Director and Health and Wellness Coordinator on at approximately 4:00 p.m., neither were aware of the unavailability of menus to the residents or the DSC's failure to serve the correct portion sizes of the protein and starch served during the noon meal.

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N278-LNS - Records 58A-5.031(3) FAC
Based on record review, observation and interview, the facility failed to ensure a monthly assessment was completed timely and accurately for 1 (Resident #11) of 5 residents receiving LNS (Limited Nursing Services).

The findings include:

Record review on [redacted] documents Resident #11 was admitted to the facility on [redacted].

The 1823 Health Assessment dated [redacted] for Resident #11 documents the following diagnoses: ASHD [redacted] s/p (status post) [redacted] and [redacted] The record also documents the resident is receiving Hospice services for an [redacted] diagnosis of [redacted].

The "Open Area Flowsheet" documents a right [redacted] pressure [redacted] on [redacted] (on admission). Measurements were initiated on [redacted] which include 2 cm x 2.5 cm x 0.1 cm, with 100% clean pink [redacted] base, scant drainage, surrounding skin, flesh tone, intact, no pain through [redacted] which include 2.5 cm x 2.5 cm x 0.1 cm with clean pink skin, small amount of pink drainage, red surrounding skin. The notes continue to document, "Right [redacted] pressure [redacted]" The stage of the pressure [redacted] was not documented.

Interview with the Wellness Director on [redacted] at 9:30 a.m., revealed the resident does not have a pressure [redacted], rather, a [redacted] to his lower back. He stated he was not aware the nurses were documenting the resident had a right [redacted] pressure [redacted] and should not have.

Interview with Staff, who is an LPN (Licensed Practical Nurse) on [redacted] at 10:25 a.m., revealed the nurses at the ALF (Assisted Living Facility) will assist the Hospice nurse during [redacted] care by documenting the observations made by the Hospice RN (Registered Nurse) on their own facility form. She agreed she should not have entered "Right [redacted] pressure [redacted] when the resident had a [redacted]" to his lower back.

Observation during [redacted] care by the Hospice nurse on [redacted] at 10:58 a.m., confirmed an open area to the left side of the resident's lower side. There was no pressure area to the resident's right [redacted].

The LNS Monthly Nursing Assessment dated [redacted] documented nursing services provided as "Pressure [redacted] treatment" and "Hospice to perform treatment of [redacted], staff nurses to monitor."

The assessment was not completed and signed by the RN.

During an interview with the RN Case Manager on [redacted] at 3:02 p.m., to ascertain why the assessment was incorrect and incomplete, she stated she keeps track of the dates the assessments are due and tries to do them within 30 days. On the very first assessment, the nurse will enter information to include nursing treatments and nursing services provided. She stated they then send her the assessment so when she gets to the facility she has it. She goes through and checks what the nurses completed. Under the comments section, she will go back through the chart and look through for information. If she is here during the day when one of the HHA (Home Health Agencies) is here, she will view the [redacted]. When she's not here during the visit of the 3rd party, she will pull their reports together and glean out what she can. She does not look at the [redacted] unless she is able to when the 3rd party is at the facility. The nurses will look at the [redacted] and she will look at their documentation on

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the "Open Area Flowsheet."

The RN Case Manager confirmed she did not complete the assessment timely, the information was inaccurate and she came to the facility today (40 days later) to assess the resident's and complete the monthly assessment accurately.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Englewood
550 Rotonda Blvd. West
Placida, FL 33947

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 surveyors. 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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