



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House of Leesburg
700 South Lake Street
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office. Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/28/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964270	(X3) DATE SURVEY COMPLETED 10/09/2013
NAME OF PROVIDER OR SUPPLIER Sterling House Of Leesburg	STREET ADDRESS, CITY, STATE, ZIP CODE 700 South Lake Street Leesburg, FL 34748	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit to conduct a Standard Biennial /LNS Licensure survey was conducted on Deficiencies were identified at this time.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review the facility failed to follow the correct procedures for assisting in the administration of medications for 5 of 9 residents observed.

At 7:40 AM an observation on arrival to the ALF facility revealed on the top of the medication cart were clear plastic medication cups with pills and capsules. The cups were marked with letters or numbers:

1. cup marked P
2. cup marked G
3. cup marked 130
4. cup marked 122
5. cup marked 126

The Medication Observation Record had been initialed by the RN (Registered Nurse).

Class III