STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	10/02/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tall	1780 Hermitage Blvd. Tallahassee, FL 32308	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0000-Initial Comments

On [redacted], 2013 an unannounced Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit was conducted at 1780 Hermitage Blvd, Tallahassee, Florida. The facility currently had residents requiring LNS services, but no residents requiring ECC services. The facility had deficient practice at the time of the survey.

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on interviews the facility failed to ensure a Level 2 background screening was conducted for 1 of 4 persons/staff member who provide personal care or services directly to residents or have access to resident personal property or living areas.

The findings include:

On [redacted], 2013 the background screening results were requested for the Administrator/ Extended Congregate Care Supervisor, the Health and Wellness Direction, the Regional Director of Clinical Healthcare Services (a Registered Nurse) who is currently performing monthly nursing assessment for residents requiring Limited Nursing Services), and a Staff Licensed Practical Nurse. Background screening results were available for all requested personnel ***except*** the Regional Director of Clinical Healthcare Services (RDCHS.) There was no background screening available.

At approximately 12:55pm an interview was conducted with the RDCHS. She stated that since the previous nurse left and vacated the position she has been performing the nursing assessments. She is in Tallahassee twice a month.

At approximately1:15pm an interview conducted with the Administrative Assistant and Administrator indicated that they didn't realize that the RDCHS needed to have a background screening. The Administrator stated she would try to see if she could locate one on the Agency's website. She returned a few minutes later and indicated that the RDCHS had not had a background screening performed. At approximately 1:30pm, the RDCHS confirmed that she had not had a background screening performed.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sterling House Of Tall
1780 Hermitage Blvd.
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure extended congregate care (ECC) and limited nursing services (LNS) monitoring visit that was conducted on , 2013 by a representative 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. Should you have any questions please call me at me at 850-412-4540.

Sincerely,

for Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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