STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	10/08/2013
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
An unannounced abbreviated biennial survey was conducted on , 2013 at Sterling House Assisted Living Facility in Tallahassee, Florida. At the time of the survey, deficient practice was identified.

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on employee record review and staff interview, the facility failed to provide required training to 2 of 3 newly hired employees (A, B) on the reporting of major incidents, reporting adverse incidents, resident rights, activities of daily living (ADL), behavioral needs and emergency procedures including evacuation within 30 days of hire.

The findings are:

1) On , a personnel record review for required training was conducted. A review of the personnel record for employee A revealed a hire date of . There was no documentation of the required inservice training on the reporting major of incidents, reporting adverse incidents, emergency procedures and evacuation, resident rights, activities of daily living and behavioral needs.

2) A review of the personnel record for employee B revealed a hire date of . There was no documentation of the required inservice training on the reporting major of incidents, reporting adverse incidents, emergency procedures and evacuation, resident rights, activities of daily living and behavioral needs.

An interview was conducted with the administrator on at approximately 12:25 PM . She stated all this training was provided during the foundations training and this was done within 90 days of hire.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and staff interview, the facility failed to provided training in the facility's policies and procedures regarding 's ( ) to 3 of 3 employees reviewed for training (A, B, C) within 30 days of employment.

The findings are:

1) On , a personnel record review for required training was conducted. A review of the personnel record for employee A revealed a hire date of . There was no documentation of training for policy and procedure.

2) A review of the personnel record for employee B revealed a hire date of . There was no documentation of training for policy and procedure.

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3) A review of the personnel record for employee C revealed a hire date of . I/ . . .:. There was no documentation of training for ' policy and procedure.

An interview was conducted with the administrator on . . . . . at approximately 12:25 PM . She stated all this training was provided during the foundations training and this was done within 90 days of hire. The staff are shared information related to ' policy and procedures but it was on the job training and there was no documentation of staff inservice. At some point every year there was an inservice related to '.

Class III

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 abbreviated 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 me at (850) 412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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