

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 11/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964959	(X3) DATE SURVEY COMPLETED 11/21/2013
NAME OF PROVIDER OR SUPPLIER Sterling House Of Pensacola	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 University Parkway Pensacola, FL 32501	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

0000-Initial Comments

An unannounced complaint survey for CCR 2013011041 was conducted at Sterling House of Pensacola on 11/21/2013. Deficient practice was found at the time of the survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on observation of [redacted] and common hallways, and staff interviews the facility failed to maintain the environment in a clean manner. Common hallways and carpet in 3 of 5 [redacted] were very soiled. ([redacted], 122, and 149).

The findings are:

A tour of the facility revealed black staining on the carpet in front of [redacted] and dark stains outside [redacted]. There were also stains observed in the activity area outside [redacted] underneath the tables. Hall 2 has stains outside [redacted]-139 in the sitting area. The housekeeping closet near the end of the hall has ground in black stains leading into the closet.

[redacted] was observed to have stains in the [redacted] leading into the [redacted]. [redacted] has stained carpet areas around the sink and around the resident's recliner. [redacted] has stained areas around the bed and underneath the [redacted] mat.

An interview with the Administrator was conducted on 11/21/2013 about 2:20 pm. She stated, "All resident [redacted] are cleaned monthly and [redacted] is cleaned weekly".

An interview with Maintenance was conducted about 2:25 pm on 11/21/2013. He stated, "[redacted] are cleaned as needed or as requested as needed". He indicates [redacted] # [redacted] was last cleaned on 11/14/2013. He said the stains do not always come up. I clean that [redacted] month. He was asked when he last cleaned [redacted]. He stated, "I believe it was a couple of weeks ago. I will look at my written requests." On return he said he could not find the written request for [redacted] # [redacted]. He could not provide documentation of cleaning done for [redacted].

A follow-up interview was conducted with the Administrator on 11/21/2013 about 2:31 pm. She was questioned regarding the discrepancies in cleaning schedule for [redacted] # [redacted]. She then said, "I guess the family did not want to pay for it to be cleaned every week".

The hallways and common areas according to Maintenance are cleaned every three months with the exception of the dining [redacted] is cleaned about every two months because it gets dirty faster. Maintenance then said, "Yes I know the hallways look pretty bad. They are scheduled for [redacted]".

An interview was conducted with the Director of Nursing on 11/21/2013 about 3:51 pm. She confirmed the staining in the common areas and in the above resident [redacted] Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2013

Administrator
Sterling House Of Pensacola
8700 University Parkway
Pensacola, FL 32501

Dear Administrator:

Re: CCR #2013011041

This letter reports the findings of a state licensure survey 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
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