STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964271	02/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Jacksonville	10875 Old St. Road Jacksonville, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey involving three separate complaints, CCR# 2013012928, CCR# 2014001544, and CCR# 2014001751, was conducted at Sterling House of Jacksonville in Jacksonville, Florida on 2014 and , 2014. Deficiencies were identified as a result of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on employee interview and record review the facility failed to complete Section 3 of the Health Assessment for 2 of 11 sampled residents (Resident #1, Resident #2).

The findings include:

Record review for Resident #1 revealed section 3 of the Health Assessment was blank. The Health Assessment was not signed by the administrator or designee and it was not dated.

Record review for Resident #2 revealed sections 3 of the Health Assessment was missing from the record and section 2 of the Health assessment was signed by the physician but it was not dated.

On at 2:32 PM an interview with the executive director revealed the Health Assessment for Resident #2 was incomplete and section C of the Health Assessment was blank. She stated it should have been completed and in the record.

On at 2:00 PM an interview with the Director of Nursing (DON) revealed Section 3 of the Health Assessment for Resident #1 was not in the medical record. She said that the administrator or designee should have signed it, and stated, " I should have signed it " .

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on staff interview and record review, the facility failed to assess a change of condition for 1 of 11 sampled residents (Resident #1).

The findings include:

On a record review of Resident #1 rehabilitation note reveals decreased saturation between 80-87% without activity. The report stated the saturation increased to above 87% with proper breathing

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technique. The communication section of the form states, " spoke with Employee G about Resident #1 ' s low saturation " .

On a record review of Resident# 1 Resident log entry, without recorded time, reveals an (ABT) in progress for resident #1.

On a record review of the Resident log entry at 6:00 PM reveals for

No resident log entries recorded on indicated low concentration for Resident #1.

at 2:00 PM an interview with the Director of Nursing (DON) revealed Employee D should have notified me about the low saturation for Resident # 1. She said she would have assessed for lung sounds and alerted the physician. She also stated if the resident had treatments she would have given her one. The DON confirmed no entries were made to indicate an assessment or physician notification had occurred. She said a note should have been written and an assessment should have been completed and documented for the episode for decreased saturation.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sterling House of Jacksonville
10875 Old St. Road
Jacksonville, FL 32257

Re: CCR #2013012928; 2014001544 and 2014001751

Dear Administrator:

This letter reports the findings of a state licensure complaint surveys that was conducted on 2014 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 **2014** 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

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure

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