AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sterling House of Spring Hill
10440 Palmgren Lane
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 3-4, 2014 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 , 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 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

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964750	03/04/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Spring Hill	10440 Palmgren Ln Spring Hill, FL 34606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0029 - 58a-5.0182(5) Fac - Resident Care - Nursing Services S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

On 3-4, 2014 an unannounced Biennial and Limited Nursing Services Licensure survey was conducted at Sterling House of Spring Hill There were deficiencies as a result of this survey. The facility was not in compliance at this time.

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC
Based on observation, interview and record review, the facility failed to administer medication as ordered in 1 of 8 sampled residents. Res. # 9.

Findings:

Medication pass observation was conducted on from 7:50 AM to 8:40 AM revealed the primary nurse administered all the scheduled 8 AM medications for Res. # 9 except for 40 mg. Review of a faxed physicians order dated revealed an order for 40 mg 1 time daily x 11 refill.

Interview with primary nurse on at 11:00 AM stated that she did not give the because she does not have it and could not find the bubble pack. She stated that she requested a refill today. Nurse stated that she usually pulls the sticker label on the last 8th dose prior to depletion of any medication and faxes it to pharmacy for refill. Review of the refill log for the month of and 2014 revealed a written request to refill the medication today. Nurse stated that she just faxed the refill order today. There were no evidence in the refill log about a request to refill the for Res. # 9 for and 2014 except today.

Review of Brookdale Medication and Treatment Availability policy with an effective date of 3/1/2003 and last revised on revealed under Policy Overview: It is Brookdale's policy that all currently ordered medications will be available to the residents. The Community is responsible for obtaining newly ordered medications or refills for medications and treatment orders.

Review of the medication observation record (MOR) for and 2014 revealed that the medication has been signed as given except today it was circled indicating that it was not administered. Residents been ranging from - . Interview with the primary nurse on at 2:00 PM stated that she had called the pharmacy and the will be delivered between 8 PM - 10 PM this evening.

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0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and interview the facility failed to supervise and monitor 1 (#15) resident who had exhibited elopement seeking behavior.

Findings:

During the interview with employee #A on at 11:27 AM and Employee #C on at 2:27 PM both stated that resident #15 had eloped from the facility. Review of resident #15 record revealed that the resident eloped from the facility on

Review of the resident #15 record revealed that the resident was admitted to the facility in 2013 with one of the medical diagnosis being Continued review of the record revealed that on 2013 at 8:00 am staff documented that the resident had been up all night used hall on wall, appeared very and attempted to get outside. There was no documentation that the resident's family or physician was notified.

On 2013 at 7:00 am staff documented in the resident's record that the resident was found under the dining hiding, did not sleep again last night. The did not contain any documentation that the physician or the resident's family had been notified.

On 2013 at 9:30 PM staff documents that the resident attempted on two occasions to leave the facility through the dining During the interview with the Regional Director of Operations on at 4:00 pm, she stated that resident #15 eloped at 5:30 am on Interview with the administrator on at 4:37 pm revealed that the elopement occurred prior to her coming to the facility.

Review of the facility's Elopement Policy revealed that residents at risk should be identified. The Procedure (#1)states that any resident at a non memory care community who has a documented diagnosis of shall also be considered an elopement risk. The staff did not assess or put any protective measures in place to monitor and or prevent the resident from eloping. Continued review of the policy and procedures revealed that it does not contain what the staff are to do in the event of an elopement, what role each staff is assigned or documentation regarding photographic identification.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and interview the facility failed to ensure that 3 (#A, #B, #C) of 3 employees received the required training within 30 days of hire.

Findings:

Review of the personnel files revealed that the following employee files did not contain the following documentation:

#A date of hire - incident report training
#B date of hire - emergency preparedness & evacuation training, incident reporting, recognizing and

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reporting , neglect &
#C date of hire - recognizing and reporting , neglect & nutritional & safe food handling, ADL & behavioral needs

During the interview with the administrator on at 3:00 pm she stated that she was unaware of the missing training.

Class III

0082-Training - ; 58A-5.0191(3) FAC
Based on record review and interview the facility failed to ensure that 1 (#B) of 3 employees received the required training within 30 days of hire.

Findings:

Review of employee #B personnel file revealed that she was hired on and as of she had not received the required training. During the interview with the administrator on at 3:00 pm she stated that she was unaware of the missing training.

Class III

0090-Training - ; 58A-5.0191(11) FAC
Based on record review and interview the facility failed to ensure that 3 (#A, #B, #C) of 3 employees received the required training within 30 days of hire.

Findings:

Review of the employee files revealed the following employees did not receive training on the facility's policy and procedures regarding the :

#A date of hire
#B date of hire
#C date of hire

During the interview with the administrator on at 3:00 PM she stated that she was unaware of the missing training documentation.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to submit an adverse incident report for 1 (#15) resident who eloped from the facility.

Finding:

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During the interview with employee #A on at 11:27 AM and Employee #C on at 2:27 PM both stated that resident #15 had eloped from the facility. Review of resident #15 record revealed that the resident eloped from the facility on .

During the interview with the Regional Director of Operations (RDO) on at 4:00 pm, she stated that the resident eloped at 5:30 am. Continued interview with the RDO revealed that she was under the impression that the previous administrator did submit an adverse incident report but she did not have the code to get the information out of the computer.

Interview with the administrator on at 4:37 pm revealed that the elopement occurred prior to her coming to the facility. Continuation of the interview revealed that the resident was no longer at the facility and she did not attempt to gather further information. The resident was given a 45 day notice and the wife moved him out there was no further documentation.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on interview, record review and review of documents provided by the facility, the facility failed to maintain the clinical records of 3 of 3 residents receiving limited nursing services (LNS) regarding the maintenance of LNS Monthly Nursing Assessments and documentations. Res. # 1, Res.# 2, Res. # 6.

Findings:

Resident # 1 was admitted to the facility on . Review of a signed physicians order sheet dated revealed an order for limited nursing service (LNS) for care. Review of AHCA form 1823 dated signed by the physician revealed an order for care. Review of monthly LNS Nursing Assessment revealed an assessment completed for . There was no LNS assessment for 2013 and 2014.

Interview with the Health Wellness Director (HWD) on at 2:27 PM stated that the chart must have been thinned. HWD searched the records but unable to locate the assessment. An hour later, the HWD provided a photocopy of an LNS Monthly Nursing Assessment at 3:30 PM dated with no documented vital signs, and the assessment was not signed by the LNS nurse. HWD stated that she does not know where is the original hard copy.

Res. # 2 - record review revealed resident is on LNS care for administration. Interview with the resident on at 3:05 PM in her i that the staff helps her with her tubings. Observation on at 3:15 PM revealed a resident laying flat in bed with an cannula connected to a concentrator with an extension tubing regulated at 3 liters/min. Review of physician's order dated revealed an order to check for saturation if residents is having distress., fingers are and if resident requests for checks. Another physician's order dated to admit to LNS for . Review of LNS Monthly Nursing Assessment dated revealed on page 1 of 2 a original document with no vital

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signs. Page 2 of 2 revealed a photocopy of the assessment and revealed the nurses signature was signed with regular black ink in the original form but the documented date is a copied document indicating it was written . Interview with the HWD on at 3:15 PM stated that she can not explain why the second page is not the original hard copy of the assessment. 2014 LNS assessment was not found in the record. HWD concurred at 3:20 PM that she cannot find the assessment in the records. Two hours later, Regional nurse provided a photocopy of a assessment dated with no vital signs. She stated she found it in her luggage.

Resident # 6 - Observation on at 3:15 PM revealed a Resident # 6 laying flat in bed with an cannula connected to a concentrator with an extension tubing regulated at 3 liters/min. Review of physicians order dated revealed an order to check for saturation if resident is having distress, when fingers are and if resident requests for checks. Another physician's order dated to admit to LNS for . Review of LNS nursing assessment for Res. # 6 dated revealed on page 1 of 2 a original document with no vital signs. Page 2 of 2 revealed a photo copy of the assessment. Interview with the HWD on at 3:15 PM stated that she can not explain why the second page is not the original hard copy of the assessment. There was no LNS assessment for 2014.

Two hours later at 11:20 AM on Regional nurse provided a photo copy of LNS assessments for all 3 residents (Res. # 1,2, 6) receiving LNS services. She stated that she found these documents in her luggage. Regional Nurse stated she does not know what happened to the original hard copy of the monthly LNS nursing assessments.

Class III