STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964959	04/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Pensacola	**8700 University Parkway Pensacola, FL 32501**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial survey with Limited Nursing Services was conducted at Sterling House of Pensacola 2 to , 2014. Deficient practice was found at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation of Medication Pass with unlicensed staff, and staff interview, the facility failed to assist with medications properly for 1 of 1 resident (#13) who was being assisted with medications by a Medication Tech.

The findings are:

Employee D Medication Tech was observed assisting with medications for Resident #13 on about 8:00 am. She was observed to have her back to the resident the whole time she was preparing the medication. Resident #13 was sitting in the nursing office. She placed 17 grams of polyethylene ( ) into 120 ml of water. She took the medication packets for 100 mg, 10 mg, 15 mg, 1000 mcg, Levetiraceta 500 mg, 100 mg, 800 mg, 0.5 mg and 100 mg one each and put them into a medication cup. She put the 17 grams in 120 ml of water. She placed the pills in a medication cup and handed the pill cup to the resident and then handed him the to drink. She did not read the label for any medication to the resident.

On about 9:58 am she was asked if this was her routine for assisting with medications. She then stated, " Yes, this is the way I assist with medications each time. " She was asked what her process was for assisting with medications. She stated, " First I always wash hands, prepare all items, check MAR (Medication Administration Record), look in the cart for location of the medications, look back at the MAR, put the pills into the cup, count the pills in the cup. I ask the resident how they are feeling. Then I say are you ready to take your medications. Sometimes residents ask what is in the cup and I tell them. "

The Wellness Director Registered Nurse (RN) was interviewed on about 9:59 am. She was asked what the process was for Medication Techs to assist with medications. She stated, " They need to take the MAR and the medications to the resident explain this is your medications, offer appropriate fluids, hand them their medications then document on the MAR as given. We provide Medication Tech training in our facility. The class is for 2 days for 6 hours each day minimum. Then they have 4 days on the cart. The first day they watch me, then I observe them assisting with medications for a minimum of 3 days.

The training material for the class was requested. The handbook *Assistance with Self Administration of*

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964959	**04/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Pensacola	**8700 University Parkway Pensacola, FL 32501**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Medication A Study Guide for Assisted Living Facilities 2012 was provided. The book was opened to page 5 and 6. Employee D was asked her to read the content. Employee D then stated, " I do not do that ", when she read *In the presence of the resident , reading the label, opening the container, and closing the container.*

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a state licensure survey 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 me at 850-412-4540.

Sincerely,

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

DH/pm
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162