STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	05/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Stuart	3401 Se Aster Lane Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures 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 - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on at Sterling House of Stuart. The facility had deficiencies found at the time of the visit.

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

Based on interview and observation, the facility failed to respect residents' rights for privacy for 1 out of 10 residents interviewed (Resident #4).

The findings include:

During an interview on at 11:45 AM, Resident #4 reported that she did not feel that her privacy was respected. She said that staff comes in and out of her knocking. She also reported that she addressed her concerns with Administrator, but felt as though she was being ignored.

At approximately 11:41 AM while the interview was still ongoing, a facility staff member entered the knocking. The resident immediately made eye contact with the surveyor, in confirmation of what she had just reported. During an interview at that time, the aide was asked why she failed to knock; she apologized and said that she will not do that anymore.

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During an interview with the Administrator on at 1:00 PM, she was asked if Resident #4 had reported the aforementioned to her, she affirmed that the resident has had multiple complaints and that she had addressed the resident's concerns with her staff.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on record review and staff interview, it was determined the facility failed to ensure that all direct care staff had received the required in-service staff training within 30 days of employment, for 1 out of 3 employee files reviewed (Employee B).

The findings include:

During employee record review conducted with the BOM (Business Office Manager), on beginning at approximately 11:20 AM, she was provided the opportunity to locate the following training documentation for Employee B, who is a Resident Care Associate with a date of hire noted as : Reporting Major Incidents; Reporting Adverse Incidents; Facility Emergency Procedures including Emergency Evacuations; Resident Rights in Assisted Living Facilities; Recognizing and Reporting Resident , Neglect and Elopement Response; and 3 hours of training within 30 days of hire for Providing Assistance with Activities of Daily Living and Resident Behavior and Needs. The BOM was unable to locate any documentation to reflect these trainings were provided to this staff member. The BOM could not provide an explanation as to why this documentation was not on file for Employee B.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on record review and interview it was determined the facility failed to ensure that each employee had documentation of completion of a one-time education course on and within 30 days of

employment and that was provided by an individual that is permitted to provide this training for 2 out of 3 sampled employees (Employee A and Employee C).

The findings include:

During employee record review conducted with the BOM (Business Office Manager), on [redacted] beginning at approximately 11:20 AM, she was provided the opportunity to locate documentation that the following employees had been provided with in-service training in the topic of [redacted] and [redacted] by an individual that is permitted to provide this training:

Employee A: Resident Care Associate with a date of hire noted as [redacted]
Employee C: Resident Care Associate with a date of hire noted as [redacted]

The BOM acknowledged that the [redacted] and [redacted] training certificate on file for Employee A indicated the former Business Office Coordinator; (who was not Core trained or was not a qualified trainer for this topic); provided the training on [redacted] for Employee A. The BOM acknowledged that she could not locate any documentation to reflect Employee C had received [redacted] and [redacted] training.

Class III

0083-Training - First Aid and [redacted] 58A-5.0191(4) FAC
Based on record review and staff interview it was determined the facility failed to ensure that a staff member that holds a currently valid card documenting completion in courses in First Aid and [redacted] was in the facility at all times for 2 out of 2 sampled employees reviewed that work the 11-7 shift (Employee C and Employee F).

The findings include:

During employee record review conducted with the BOM (Business Office Manager), on [redacted] beginning at approximately 11:20 AM, she was provided the opportunity to locate completion of First Aid and [redacted] courses (currently valid cards) for the following employees that work the 11:00 PM - 7:00 AM shift:

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Employee C: Resident Care Associate with a date of hire noted as
Employee F: Resident Care Associate with a date of hire noted as

The BOM was unable to locate any documentation to reflect these trainings were provided to these staff members. She reviewed a binder that contains copies of employee cards and First Aid cards and their employee files. The BOM could not provide an explanation as to why this documentation was not in the file for these employees. During review of the current direct care weekly staff schedule, that was conducted at the time of this interview, the BOM acknowledged that Employee C and Employee F were the only staff scheduled for the 11-7 shift on the following dates and therefore there was no staff member on these dates that holds a currently valid and First Aid certification card:

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on record review and staff interviews it was determined the facility did not ensure that documentation of completion of the annual 2 hours of continuing education training related to providing assistance with the self-administration of medications was on file, for 1 out of 1 sampled employee files that was noted to provide assistance with medications (Employee A).

The findings include:

During interview with the BOM (Business Office Manager), conducted on beginning at approximately 10:00 AM, she was asked to provide a copy of the staff schedule and indicate on that schedule which staff member provides assistance with the self-administration of medications. She subsequently provided this information and an employee sample was chosen for review. Employee A, Resident Care Associate, with a date of hire noted as was noted by the BOM to provide assistance with the self-administration of medications (Med Tech was handwritten on the staffing schedule).

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During employee record review and interview with the BOM, conducted on beginning at approximately 11:20 AM, she was provided the opportunity to locate the required 2 hours of continuing education training on an annual basis related to providing assistance with the self-administration of medications for Employee A. She was unable to provide this documentation and could not provide an explanation as to why it was not available for review. Further record review revealed the employee's initial 4 hour medication training was completed on

Class III

0090-Training - 58A-5.0191(11) FAC

Based on record review and staff interview, it was determined the facility failed to ensure that each staff member that provides direct care to residents had received training in the facility's policy and procedures regarding within 30 days after employment for 1 out of 3 employee files reviewed (Employee B).

The findings include:

During employee record review conducted with the BOM (Business Office Manager), on beginning at approximately 11:20 AM, she was provided the opportunity to locate the following training documentation for Employee B (Resident Care Associate with a date of hire noted as The facility's policies and procedures regarding The BOM was unable to locate any documentation to reflect this training was provided to this staff member. The BOM could not provide an explanation as to why this documentation was not on file for Employee B.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sterling House Of Stuart
3401 SE Aster Lane
Stuart, FL 34994

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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