STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	**06/25/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tall	**1780 Hermitage Blvd. Tallahassee, FL 32308**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - E206 - 58a-5.030(7) Fac - Ecc - Service Plans S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

0000-Initial Comments
On an unannounced extended congregate care (ECC) and limited nursing services (LNS) monitoring survey was conducted at Sterling House of Tallahassee Assisted Living Facility. The facility had deficiencies at the time of the survey.

E206-ECC - Service Plans 58A-5.030(7) FAC
Based on staff interview and clinical record review the facility failed to develop a service plan and have the resident's representative sign in agreement within 14 day of admission for 2 of 2 (#1, 2) residents receiving ECC (extended congregate care services) .

The findings are:

A review of the clinical record for #1 revealed a Service plan dated . There is no evidence that the plan was reviewed with the family. No family signature is documented. The resident was admitted to ECC services on .

A review of the clinical record for #2 revealed a Service plan dated . There is no evidence that the plan was reviewed with the family. No family signature is documented. The resident was admitted to ECC services on .

An interview was conducted with the administrator on at approximately 11:30 AM. She stated the original service plan was done on for resident #2 but she did not have the family sign the plan. The family signed the service plan on . For Resident #1 she stated the service plan was done on but she had not had an opportunity to have a meeting with the responsible party.

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on staff interview and clinical record review the facility failed to conduct a monthly nursing assessment on a resident receiving limited nursing services for 3 of 3 residents reviewed for limited nursing services (#3, 4, 7)

The findings are:

A review of the clinical record for resident #3 revealed the resident's last monthly nursing assessment had been completed on .

A review of the clinical record for resident #4 revealed the resident's last monthly nursing assessment had been completed on .

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A review of the clinical record for resident #7 revealed the resident's last monthly nursing assessment had been completed on .

An interview was conducted with the administrator on at approximately 9:30 AM. She stated the Registered Nurse was supposed to be in today to complete the assessments.

An interview with the RN was conducted on at approximately 11:05 AM. She stated she is the regional nurse. She stated the monthly summaries should have been completed last week but she got busy with another facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sterling House Of Tall
1780 Hermitage Blvd.
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure extended congregate care and limited nursing services monitoring survey that was conducted on , 2014 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 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. 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

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