STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964062	07/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Vero Beach	410 4th Court Vero Beach, FL 32962	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint inspection, CCR #2014004465, was conducted on 17-18, 2014 at Sterling House Of Vero Beach. The facility had licensure deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interviews, the facility failed to ensure adequate supervision was provided to meet an individual resident's needs, for 2 out of 3 sampled residents (Resident # 1 and 2).

The findings include:

On at approximately 1:00 PM, the Administrator stated during interview that there were no current residents at the facility who displayed exit seeking behavior or were at risk for elopement. She acknowledged the facility was secured with alarms and delayed locked exit doors and with the expectation that residents' whereabouts within the facility were checked at least every 2 hours by staff.

1) Review of Resident 1's health assessment (Form 1823) dated documented the resident had "memory loss/del and a "decreased cognition relative to places and time".

Review of the Resident Log noted the following:
a) - Nurse was notified of increased and resident wanting to go home and drive there.
b) - Resident is wandering, stating he is leaving the facility, has to go home.
c) - Resident was returned to the facility at 7:45 AM, after exiting sometime during the night without staff knowledge.
d) - Resident is exit seeking at times.
e) - Resident pushed exit door until it opened and was observed by staff outside the building.
f) - Visitor notified staff that resident stated he is "getting out tonight".

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g) - Nurse was notified that resident "attempted to elope" twice during the night.

Resident 1 stated during interview on at 2:45 PM, that he did not carry personal photo identification and did not have information on him with the facility's address and phone number. He opened his wallet and looked for either of these and was not able to find anything showing where he lived.

2) Resident 2's health assessments (Form 1823) dated and documented the resident had and "history of

The Resident Log noted the following:
a) - Nurse was notified that the resident walked out the outside door and that the aide returned the resident to the facility.

During interview with Staff A at 2:30 PM on she stated Resident #2 had attempted to open an exit door during the night on Staff C was interviewed at 4:30 PM on and stated Resident 2 had attempted to exit the facility 3 times the night of while she was working.

During interview with the Administrator on at 4:00 PM, she acknowledged staff are to visually check residents every 2 hours and are required to document this since Resident #1 eloped in 2014. There were no additional requirements for staff to supervise Resident# 1 and #2 since she did not consider them at risk for elopement.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and interviews, the facility failed to ensure the minimum elopement response standards were met, for 2 out of 3 sampled residents (Residents #1 and #2).

The findings include:

On at approximately 1:00 PM, the Administrator stated during interview that there were no current residents at the facility who displayed exit seeking behavior or were at risk for elopement. She acknowledged the facility was secured with alarms and delayed locked exit doors and with the expectation that residents' whereabouts within the facility were checked at least every 2 hours by staff.

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g) - Nurse was notified that resident "attempted to elope" twice during the night.

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During interview with Staff A at 2:30 PM on she stated Resident #2 had attempted to open an exit door during the night on Staff C was interviewed at 4:30 PM on and stated Resident 2 had attempted to exit the facility 3 times the night of while she was working.

During an interview with the Administrator on at 4:00 PM, she acknowledged the facility did not have a system in place to ensure staff checked residents identified at risk for elopement and/or prior history of elopement or exit seeking behavior at least once a day for identification on their person to include the facility's address, phone number and personal identification.

Class III

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0077-Staffing Standards - Administrators 58A-5.019(1) FAC

Based on interviews and record review, the facility failed to ensure the Agency Central Office was notified of a change in Administrator within 10 days of the change on the Notification of Change of Administrator form (Form 3180-1006).

The findings include:

On at approximately 4:00 PM, the Administrator stated during interview that she had been the administrator for more than 10 days and that the current Administrator listed on the Facility Finder website had not been the Administrator since approximately 2014. An Agency representative responded to an inquiry by email on confirming that a notification of change form had not been received by the central office as of this date. There is no record found at this time of the facility's notification of the change of administrator to the current administrator.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sterling House Of Vero Beach
410 4th Court
Vero Beach, FL 32962

RE: CCR #2014004465

Dear Administrator:

This letter reports the findings of a complaint 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 ***08/31/2014*** 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 representative. 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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