RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

', 2014

Administrator
Sterling House Of Blue Water Bay
1551 Merchants Way
Niceville, FL 32578

Dear Administrator:

This letter reports the findings of a state licensure 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 **09/18/2014** 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Patricia M Slater, RN
Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Blue Water Bay	1551 Merchants Way Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - N277 - 58a-5.031(2) Fac - Lns - Resident Care Standards S-S= D

0000-Initial Comments
An unannounced Limited Nursing Services monitoring visit was conducted at Sterling House of Blue Water Bay on . Deficient practice was found at the time of the survey.

N277-LNS - Resident Care Standards 58A-5.031(2) FAC

Based on staff and resident interviews the facility failed to have licensed staff providing limited nursing services to 2 of 3 residents (#2 and #3).

The findings are:

Resident #2 was observed to have on compression hose during interview with her on about 1:24 pm. She was asked who had assisted her compression hose and she stated, " I had a shower before lunch today and the one who gave me the shower put them on.

An interview was conducted with staff member Resident Assistant ( ) Employee A on about 1:30 pm. She stated, " I gave her shower and put her hose on after her shower. They are very tight. "

Resident #3 was observed to have a knee brace on her right knee when she was interviewed about 1:35 pm on . She was asked who put on her right knee brace today. She stated, " Employee A put it on me today. She does a real good job. "

An interview was conducted with Employee A on about 1:30 pm. She stated, " I put on Resident #3 ' s socks and shoes. I put on her leg brace. "

On about 3:35 pm an interview was conducted with the Licensed Practical Nurse (LPN) Health and Wel irector and the Administrator. They were asked who is supposed to provide the compression hose and leg braces for residents. The LPN Health and Wellness Director stated, " Licensed staff should be doing them. "

Class III