STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964341	09/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Port Orange	955 Village Trail Drive Port Orange, FL 32129	
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR # 2014006574 was conducted on , 2015. Sterling House of Port Orange had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review, and staff interview, the facility failed to notify family or maintain a written record of new for 1 of 4 sampled residents, Resident #2.

The findings include:

Resident #2 was observed on at 10:35 a.m. with Employee D (private duty aide) and the Health Wellness Director present. Resident #2 had three small on her legs. Employee D stated she reported it to the Resident Aide two days ago who told the nurse (Employee F) . The Health Wellness Director stated she did not know anything about it. Review of the clinical record did not reveal these or that anyone was notified. The Health Wellness Director on at 10:45 a.m. stated she called Employee F who confirmed she was told of the resident's and noted it in her personal notes but did not record it in the resident's record or notify anyone.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review, staff and family interview the facility failed to report an adverse incident for alleged for Resident #1 , 1 out of 4 sampled residents.

The findings include:

Resident #1 was in the facility's incident log as having an injury on . The facility investigation by the Administrator and Health Wellness Director revealed the Resident barricaded herself in her placing a large table in front of her door and two Resident Aides (Employee A &B) pushed their way in her . During this incident, a lamp and some of her cat figurines had been knocked down to the floor. When they saw the resident, they noticed she had sustained a to the left . The Resident's husband approached the Administrator and told him that he suspected that Employee A caused the (and some by grabbing her to restrain her.

The administrator on @12:15 p.m. confirmed that the resident's husband did tell him that he suspected that Employee A caused the injury to the resident's by trying to restrain her. He did not consider it an alleged because both Employees he interviewed denied touching the resident. Therefore, he did not report it the Department of Children and Families or the Agency for Health Care Administration. He stated that he did inservice the staff again to reinforce that when a resident was agitated to leave them alone and alert the

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supervisor.

The husband of Resident #1 was interviewed on [redacted] at 11:45 a.m. He stated that when he saw his wife on [redacted] he noticed that she had a cut in her skin on her left [redacted] and there were [redacted] there too that looked like a hand grip. He believed Employee A grabbed his wife's arm to restrain her and caused these injuries. He told the Administrator, but reported the Administrator did not do anything about it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sterling House of Port Orange
955 Village Trail Drive
Port Orange, FL 32129

RE: CCR #2014006574

Dear Administrator:

This letter reports the findings of a state licensure 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 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 this office at .

Sincerely,

Joan Lynch RNC

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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