STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tequesta	205 Village Blvd Tequesta, FL 33469	
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 - 0082 - 58a-5.0191(3) Fac - Training - [redacted] S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - [redacted] S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on [redacted] and [redacted] at Sterling House of Tequesta. 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 observation and interview, the facility failed to ensure that the privacy of the residents personal healthcare information was maintained for 3 of 5 residents during the medication pass observation. The facility failed to ensure that the medication nurse wore gloves when administering eye drop medications in accordance with facility standards for contact precautions, for 1 of 5 sampled residents (Resident # 2, #3 and R#4) .

Findings include:

1) On [redacted] at 8:11 AM, the Surveyor approached the Medication Cart which was positioned in the hallway next to the common living [redacted] Residents were observed continually walking past the cart on their way to the dining [redacted] well as staff who were assisting them. The Medication Record (MOR) for all of the residents was positioned on top of the cart and open. The MOR contains the confidential health information for each resident with regard to their medication orders. The Surveyor informed the nurse that she was going to conduct the Medication Observation Procedure. The Nurse opened the MOR to the record for Resident # 2 and removed the medications ordered for that resident and placed them into a medication cup. The Nurse walked away from the cart at 8:17 AM over to the Dining [redacted] Resident # 2 was seated and handed the resident the cup with the medications. The Dining [redacted] approximately 35 feet away from the medication cart. The Nurse handed the medications to the resident, who slowly consumed them .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tequesta	205 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

The Nurse returned to the unattended cart and uncovered MOR at 8:31 AM and poured medications for Resident # 3. At 8:46 AM, the Nurse walked away from the cart in search of a box of Kleenex, leaving the MOR uncovered and the cart unattended. There were 3 residents seated in and /or wheelchairs approximately 5 feet away from the cart at that time. The Nurse returned with the Kleenex at 8:47 AM and proceeded to administer eye drop medication with ungloved hands.

At 8:53 AM, the Nurse left the cart and the MOR unattended and returned to the cart at 8:55 AM. At this time there were 5 residents seated in their wheelchairs waiting for their medications. The Surveyor asked the nurse what the facility policy is regarding the privacy of the MOR. She confirmed that she should have covered the MOR whenever she left the cart and it was unattended. The Nurse confirmed that any resident, visitor or staff could easily read the confidential health information maintained on the MOR when it was open and unattended. When asked when gloves should be worn during medication administration, the Nurse replied, " oh, I should have worn gloves with the eye drops !"

The Nurse Consultant was also interviewed on at 11:53 AM and again confirmed that the MOR should be covered and the privacy of each resident's confidential health information maintained at all times. She also confirmed that gloves should be worn whenever administering eye drop medications to reduce the risk of cross contamination and per facility policy and nursing standards of care. The Nurse Consultant confirmed that the nurse failed to follow facility protocol to ensure the privacy of the resident's confidential health information.

Class III

0082-Training - 58A-5.0191(3) FAC

Based on employee record review and staff interview, the facility failed to ensure that all staff had received the required training, for 1 out of 4 sampled employees (Employee B), within 30 days from the date of hire.

The findings include:

1) On a review of Employee B's in-service trainings was conducted. There was no training certificate could be found for Employee B.

An interview was conducted with the Business Office Manager on at 3:30 PM. She

acknowledge the required training was completed past the required timeframe.

Class III

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

Based on employee record review and staff interviews, the facility failed to ensure staff had received one hour of training in the facility's policies and procedures regarding within 30 days of the employee's date of hire, for 1 out of 4 sampled employee records reviewed (Employee A).

The findings include:

On , a record review of Employee A's in-service trainings was conducted. Review of the record revealed there was no training certificate could be located in this employee's record for the required policies and procedure training.

An interview was conducted with the Business Office Manager on at 3:30 PM. She acknowledged there was no certificate available for Employee A which verified the completion of this training.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and staff and resident interviews, the facility failed to ensure all existing appurtenances are clean and properly maintained in 18 of 34 occupied

The findings include:

1) An observation of Apartment # 107, occupied by Resident # 1, was conducted on starting at 12:35 PM, accompanied by the resident and the resident's family member. The carpet was visibly soiled and stained throughout the The open doorway into the resident's visibly damaged with deep gouges/ holes and damaged dry wall with chunks missing and large areas without paint on

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tequesta	205 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

both sides of the doorway. The floor tile in the visibly soiled. The closet door was not secured to the track and had visible stain on the left doors. The resident's daughter was present and stated that the staff just installed the stained doors that morning but didn't secure the left door to the tracks. The resident stated that the doors had on top of one of the staff that morning and had to be replaced. The Administrator was called to the 1:10 PM and confirmed that the damaged walls, soiled tile and carpet did not meet facility standard for a clean and comfortable environment.

2) An inspection was conducted of each of the resident's on at 9:55 AM with the Maintenance Director (see Photos). The Maintenance Director stated at the beginning of the tour that Residents' carpet are shampooed upon request and according to a cleaning schedule.
The following was observed in the noted:

a) - blackened shower grout, dirty stained carpet.

b) - carpet in front of

c) - damaged walls in several places; chunk of wood missing from base of kitchen cabinet; soiled carpet

d) - soiled carpet

e) - walls and doorways are damaged in numerous places throughout the apartment, Kitchen, and

f) - spots on carpet; Maintenance Director stated during observation (10:10 AM), "This carpet was cleaned yesterday and the spots will not come up." The is visibly dirty, and the shower chair has what appears to be dried feces on the seat.

g) - soiled carpet, shower tile loose at base of shower wall

h) - dirty spots on carpet along the side of resident's bed

i) - shower grout has black substance along edges, and the paint is peeling on the wall around the switch

j) - strong odor originating in noticeable throughout the apartment. There is wetness observed on floor around toilet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964081	08/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Tequesta	205 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

k) - soiled carpet, and damage to along baseboard area.

l) - soiled carpet

m) - strong odor in dirty grout in

- dirty dirty tile grout in shower

o) - dirty grout in shower, dirty

p) - call bell cord so long that resident loops it around hand rails

q) - has orange colored substance along the crease where floor joins with wall.

r) - visibly soiled carpet; scrapes and gouges on wall next to sink

During an interview with Maintenance Director on at 11:14 AM, he stated housekeeping consists of one woman and her young daughter when available. He stated the housekeeping staff works part time (approximately 6 hours a day, 3 days a week) and only does a few each day. He further stated the Aides are supposed to help out with the cleaning of the

During interview with the Executive Director on she acknowledged that the schedule for housekeeping does not allow for enough time to adequately clean the Residents' apartments.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sterling House Of Tequesta
205 Village Blvd
Tequesta, FL 33469

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representatives 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 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com