| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964437 | 01/06/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Sterling House Of Punta Gorda | 250 Bal Harbor Blvd Punta Gorda, FL 33950 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

**Specific Tag Findings:**
These are the results of a Biennial and Limited Nursing Service (LNS) licensure survey conducted on through at Sterling House of Punta Gorda, an Assisted Living Facility located in Punta Gorda, Florida.

The following is description of non-compliance:

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on a review of training for 6 employees, and interview with administrative staff, the facility failed to ensure all of the required training was conducted for 6 (Employee A, B, C, D, E, and F) employees

The findings include:

1. A review of the personnel files for Employees A, B, C, D, E, and F revealed missing documentation of training, or training that did not meet criteria for the number of hours required for specific training.

Interview with the Director of Wellness and Executive Director on at 3:30 p.m. indicated agreement that documentation about the training was not complete and did not show the required hours for some of the training as noted below. They agreed they could not provide any documentation indicating incident report training for both major and adverse incidents was performed. They further stated the training is not always titled in such a manner to determine if it meets the criteria for specific training or not. For example they stated the Activities of Daily Living (ADL) training is a part of Care Connections, but they could not show the ADL component met the required hours of training.

2. Review of the training documentation for Employees A, B, C, D, E, and F revealed there was no documentation of training in incident report for either major incidents or adverse incidents as required.

3. Employees E was hired on and Employee F was hired Review of Employee E's education file revealed she had control training on . However, there was no documentation of the length training and it could not be determined if this met the required training hour.

4. Employee D was hired on Employee D along with Employees E and F had no documentation about emergency management documented in their education file.

5. Employee A who was hired on , Employee B hired on , and Employee C hired on , had no documentation in their education file stating they had received the required 1 hour training in resident's rights.

6. Employees D hired on and Employee E hired on had no documentation indicating they had training as a certified nursing assistant. There was also no documentation they had received the 3 hours of ADL (activities of daily living) training required for those without alternative training.

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7. Employees A, B, C, D, E, and F had no documentation indicating they had the required 1 hour of training for Resident's Rights noted in their education file.

8. Employee D had no documentation indicating she had received training in safe food handling. Employee F had documentation stating she had the training on . However, the training documentation did not state how long the training was and could not be determined to meet the required 1 hour.

9. Employees E and F had no documentation indicating they had taken the required training in . Neglect located in their file.

Class III

0082-Training - 58A-5.0191(3) FAC
Based on a review of 6 employee education files, and interview with Administrative staff, the facility failed to ensure 2 (Employees D and E) employees had the required cquired defficiency training.

The findings include:

1. Employee D was hired on . There was no documentation of training present in this employees file.

2. Employee E was hired on . There was no training documented in the employee education file.

5. On , at 3:30 p.m. an interview with the Administrator and the Director of Wellness confirmed they did not have additional information related to employee education files.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on a review of 6 employee education files, and interview with Administrative staff, the facility failed to ensure the required training was provided to 3 (Employees D, E, and F) of the employees reviewed.

The findings include:

A review of the education files for Employee D hired on , Employee E hired on , and Employee F hired on was completed.

The review revealed Employee D had plus" training on . However, there was no assigned hours and there was no instructor documented.

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|---|---|---|
| | **AL11964437** | **01/06/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sterling House Of Punta Gorda** | **250 Bal Harbor Blvd Punta Gorda, FL 33950** | |
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Employee E had" plus" training on on . However, this training did not state the date or the instructor of the training.

There was no documented training for Employee F.

There was no defining information to state of what the plus training consisted.

On at 3:30 p.m. it was confirmed with the Administrator and the Director of Wellness the training was not present.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sterling House Of Punta Gorda
250 Bal Harbor Blvd
Punta Gorda, FL 33950

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) licensure survey that was conducted on 5 through 6, 2015 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS
Enclosure: State Form

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