STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964477	02/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Port Charlotte	**18440 Toledo Blade Blvd Port Charlotte, FL 33952**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal

Specific Tag Findings:
An unannounced Biennial and Limited Nursing Services survey was conducted on through at Sterling House of Port Charlotte, an Assisted Living Facility in Port Charlotte, Florida.

The folowing is a description of the deficiency cited.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview the facility failed to ensure 4 medications stored in the medication were stored at the proper temperature.

The findings included:

On at 12:30 p.m., during medication storage observation, the temperature in the medication refrigerator was 48 degrees Fahrenheit (F).

During an interview on at 12:30 p.m., the Wellness Director agreed the temperature was not within proper range of 36 to 46 degrees F. A new thermometer was ordered for the refrigerator.

A thermometer was removed from the refrigerator storing fluids and placed in the medication refrigerator. At 12:45 p.m. on a re-check of the medication refrigerator showed a temperature of 28 degrees F.

At 1:00 p.m. on a new thermometer was placed in the medication A re-check of the medication refrigerator at 1:40 p.m. on showed at temperature of 36 degree F.

The medication refrigerator log stated the temperature of the refrigerator on at 9:10 a.m. was 40 degrees F.

alamin(Vit. Injection,1000 mcg/ml USP, a sterile solution for or injection, is to be stored at between 68-77 degrees F. On , 1 vial of (Vit. Injection was stored in the medication refrigerator at 48 degrees F.

During an interview on at 1:40 p.m., Staff B said she called the pharmacy to verify the temperature for storing Injection 1000 mcg/ ml and agreed the medication is to be stored at

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Sterling House Of Port Charlotte
18440 Toledo Blade Blvd
Port Charlotte, FL 33952

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 9 through 10, 2015 by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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
Field Office Manager

JS
Enclosure: State Form

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