STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964031	03/11/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Stuart	3401 Se Aster Lane Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services Monitoring survey was conducted on at Sterling House of Stuart. The facility had a deficiency identified at the time of the survey.

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and interview, the facility failed to ensure that discontinued medication were removed from the facility within 30 days of a resident expiring and/or the discontinued use of the medication , for 1 of 1 sampled residents (Resident #9).

Finding include:

An observation of the medication storage area was conducted on at 8:35 AM, accompanied by the Wellness Nurse. The Surveyor entered the Wellness where the Wellness Nurse administers mediations. The locked medication cart was positioned next to a wall with a locked medication cabinet to it left. The Nurse was asked where discontinued/ expired medications are stored. She indicated the locked medication cabinet next to the cart. She then stated all discontinued or expired medications are either returned to the family or destroyed within 30 day. Upon opening the cabinet, the surveyor observed a plastic box labeled, "Comfort Kit for Resident # 9. The Comfort kit contained the following medications, bottles of 2mg, drop and a bottle of 100 mg/5ml , total 15ml, sealed packets of Bic Evac Suppositories and suppositories . The resident name was documented on the prescription label on the front of the box. The surveyor asked the Nurse when the patient expired. She confirmed that the resident expired on and that the medications should have been returned to Hospice within 30 days. The Health and Wellness Director was informed of the expired meds. She stated that they should have been returned to Hospice by and that the facility failed to follow the regulatory requirement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sterling House Of Stuart
3401 SE Aster Lane
Stuart, FL 34994

RE: Limited Nursing Service Monitoring Visit

Dear Administrator:

This letter reports the findings of a LNS monitoring state licensure survey that was conducted on , 2015 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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