RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sterling House Of Blue Water Bay
1551 Merchants Way
Niceville, FL 32578

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	**10/08/2015**
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF BLUE WATER BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1551 MERCHANTS WAY** **NICEVILLE, FL 32578**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced abbreviated biennial survey with Limited Nursing Services was conducted at Sterling House of Blue Water Bay (Brookdale of Blue Water Bay) on . Deficient practice was found at the time of the survey.

0010 Admissions - Continued Residency

Based on staff interview and resident record review the facility failed to update the Resident Health Assessment for Assisted Living Facilities (1823) for 1 of 1 resident record (#3).

The findings are:

An interview was conducted with Resident #3 on about 1:30 pm. She says that staff assist her with bathing and dressing, and her medications. She also said that she is being seen by Hospice.

A review of resident record was conducted on Resident #3. A review of the 1823 indicates her last one was completed on / . Page 2 of the 1823 indicates she is independent of all activities of daily living including bathing and dressing. Further review revealed an order for Hospice dated with a Hospice care plan.

An interview was conducted with the Health and Wellness Director on about 4:00 pm. She was asked what she would identify as a significant change in a resident. She stated, "Anyone who has stopped coming to meal times, and is starting to decline needing more assistance." She was asked if a resident being referred to Hospice would indicate a significant change. She confirmed that she would consider that a significant change. She was then asked about Resident #3. She said, "Yes, Resident #3 was put on Hospice in , 2015. No she did not have an updated 1823." She confirmed the date of the last 1823 was dated .

Class III

0055 Medication - Storage and Disposal

Based on observation of medication expiration dates in the drawer, overflow drawer, and discontinued medication cabinet, and staff interview the facility failed to dispose of expired medications within 30 days of their expiration date for 2 of 8 residents (# 9, and 10) .

The findings are:

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SUMMARY STATEMENT OF DEFICIENCIES
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On about 12:35 pm Resident #9 came into the medication pain medication for her right shoulder. The Licensed Practical Nurse (Employee A) gave the resident the medication / mg one tablet for pain.

A review of medication storage areas was conducted at 2:45 pm on / . The medication for Resident #9 was reviewed for expiration date. The package for the medication was found to have an expiration date of . The nurse then reviewed the medications in the overflow drawer and found another full package of the medication with an expiration date of / .

An interview was conducted with Employee A on about 2:45 pm. She confirmed the medication was expired and confirmed she had given Resident #9 an expired medication at 12:35 pm. She stated she would monitor the resident and make sure she does not have any adverse reactions.

Resident #10 was found to have the expired medication 1 mg in the drawer with an expiration date of and a discard after date of . The expiration date was confirmed by Employee A on about 2:35 pm.

Class III