STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964708	09/29/2015
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF TALL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1780 HERMITAGE BLVD.** **TALLAHASSEE, FL 32308**	

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

0000 Initial Comments

An unannounced abbreviated biennial survey with Extended Congregate Care and Limited Nursing Services was conducted at Sterling House of Tallahassee/Brookdale Hermitage Boulevard on . At the time of survey, there were deficiencies identified.

0056 Medication - Labeling and Orders

Based on observation, interview and facility and resident record review, the facility failed to ensure that medication orders were accurately transcribed to the Medication Record for 1 of 4 residents observed during medication administration (Resident #6).

The findings include:

On at approximately 12:00pm during Medication Administration Observation with Staff D, a Licensed Practical Nurse, Resident #6 was observed to receive and take, 0.25mg tablet, a half tablet (0.125mg) by mouth, as per pack card.

A review of the resident's Medication Record (MR) revealed a hand written entry for " , 0.25mg, Give 2 halfs by mouth three times daily (0.5mg)," this was noted discontinued on the MR on , and the entry was rewritten by hand on the next page as " 0.5mg tablet one half tablet (0.25mg) by mouth three times daily (use bottle first)." This had been documented as given as noted by initials on the MR through current date/time.

A request for continuance of " tab 0.25mg **1/2 tablet** (0.125mg) by mouth three times daily" was sent to the physician, signed by the physician and and faxed to the pharmacist dated 31-15, indicating " 0.25mg, 1/2 tablet 1-3 x day."

On at approximately 12:25 pm, the Medication Record, along with the physician order was reviewed with Staff D, the "entry error" was pointed out to Staff D. Staff D indicated, Resident #6 had only been receiving 1/2 tablet, as noted on the pack. Resident #6, per observation, pack [medication packaging] and confirmation of the physician order received the correct dosage of 0.25mg tablet - a half a tablet (0.125mg). However, the recording on the MR identified the strength of the medication as 0.5mg (twice the amount prescribed), with instructions to administer "one half tablet (0.25mg) by mouth three time daily." This had been transcribed incorrectly.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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N278 LNS - Records

Based on observation, interviews and resident record reviews, the facility failed to ensure a complete nursing assessment was performed for residents receiving Limited Nursing Services for 1 of 2 resident records reviewed for LNS. (Resident #4).

The findings include:

The facility currently has three residents receiving LNS services.

On at approximately 10:20am, an interview was conducted with the Hospice Nurse for Resident #4, who had just arrived to change Resident #4 dressing. She stated that the resident has a on her , a /III to her left heel and a to the right lower leg. She was visiting today to perform the dressing change to the . Observation of care performed by the nurse, revealed a / that was red and inflammed with several small open -like areas, clearly a . The resident had soft to heels and an intact dressing that could be seen on her right lower leg.

A review of Resident #4's medical record identified monthly nursing assessments, but failed to actually include any or skilled nursing assessments. The monthly assessment identified the treatment for the right lower leg and the ' - but failed to describe the current condition of the wounds and whether they were improving or deteriorating. The last monthly nursing assessment, performed on indicated " care continues to be provided by hospice." The identification or assessment of a heel was not present, and failed to be identified on any of the reviewed nursing assessments. The monthly nursing assessment were reviewed as far back as 2015 and failed to indicate any change in the resident's condition since the resident's last health assessment performed by the Advanced Registered Nurse Practitioner on /

On at approximately 3:55pm a phone interview was conducted with the Registered Nurse who performs the facility's monthly nursing assessment for residents receiving Limited Nursing Services. She stated she comes to the facility monthly to perform nursing assessments. She was able to identify Resident #4 as having a to her leg and a to her / area. She says when she conducts the resident's monthly assessment she obtains vital signs and focuses on 'that' area. When asked about the lack of assessments, she stated when the Hospice nurse comes in, she tries to have a conversation with the provider to find out information on the and get measurements from them because she is not there all the time. Says, if she is able, she will 'take down the dressing,' if not goes by what is reported. Says stated she doesn't always see the when she

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comes in. She stated she does not always perform a head to toe assessment. She was not aware of the heel , or was she sure what the lower right leg and looked like, stating she relies on the hospice nurse to tell her. She says she usually looks at the physician orders for anything new, unless she missed it. She confirmed that the resident should have had an updated Resident Health Assessment (1823), because of the resident's condition since her last assessment, in 2015.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sterling House Of Tallahassee
1780 Hermitage Blvd.
Tallahassee, FL 32308

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
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