STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964271	10/07/2015
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10875 OLD ST. ROAD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

A biennial licensure survey with Limited Nursing Services was conducted at Sterling House of Jacksonville (Brookdale Mandarin Central) on , 2015. Deficiencies were identified.

0081 Training - Staff In-Service

Based on employee record review and staff interview, the facility failed to conduct training on Incident Reporting, neglect and , and Emergency Preparedness for 1 Employee (Employee B) out of 3 Employee that were sampled.

The findings include:

A record review was conducted for Employee B, Licensed Practical Nurse (LPN) with a hire date of . Upon further review no documentation could be found for Employee B for receiving training on Incident reporting, facility emergency procedures, or , neglect, and .

An interview was conducted with the Administrator on at 2:15 PM and she confirmed she did not have any verification Employee B had training in Incident Reporting, Emergency Preparedness or , neglect and .

Class III

0090 Training -

Based on record review and staff interview, the facility failed to perform Elopement training for newly hired staff for 1 employee (Employee B) out of 3 Employee files that were sampled.

The findings Include:

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

A record review was conducted for Employee B, Licensed Practical Nurse (LPN) and it revealed a hire date of // // and no elopement training could be found.

An interview was conducted with the Administrator on at 2:15 PM and confirmed the facility did not have a training certificate to verify Employee B received the required one hour Elopement training.

Class III

0093 Food Service - Dietary Standards

Based on observation and staff interview, the facility failed to have 3 days supply of potable milk and water to be used in the event of an emergency affecting all 27 residents on the current census.

The findings include:

An observation was conducted on at 1:45 PM of the facilities 3 days disaster stock of non-perishable food and water. The facility only had 4 cases of water (total of 4 gallons) in house for a census of 27. In addition the facility did not have any potable milk to be used with cereal for breakfast in case of emergency.

An interview was conducted with the Food Service Manager on at 1:50 PM and she confirmed the facility did not have 3 day supply of water or milk to use in case of an emergency.

Class III

0161 Records - Staff

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964271	10/07/2015
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10875 OLD ST. ROAD** **JACKSONVILLE, FL 32257**	

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

Based on a review of employee records, and interview with the Executive Director, the facility failed to maintain personnel records for staff which included documentation of required in-service training in reporting major incidents, facility emergency procedures, and activities of daily living (ADLs) and behavioral needs, for 1 of 3 employee whose file was reviewed (Employee A).

The findings included:

A personnel file review for Employee A revealed she was hired as a Lead Resident Aide. There was no documentation that she received the required trainings in reporting major Incidents, facility emergency procedures, or ADLs and behavioral needs.

An interview was conducted with the Executive Director at 3:00 pm on . She reviewed the record and confirmed the missing documentation.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Sterling House Of Jacksonville
10875 Old St. [redacted] Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on [redacted], 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. **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 [redacted], 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 surveyors. Should you have any questions please call this offfice at [redacted]-4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure
XG90

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