RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

RE: CCR #2016003630

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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. **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 , 2016.** 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
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
	AL11964794	05/11/2016
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2575 HARRISON AVENUE** **PANAMA CITY, FL 32405**	

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

0000 Initial Comments

CCR 2016003630
An unannounced complaint survey (CCR#2016003630) was conducted at Sterling House (Brookdale of Panama City) Assisted Living Facility on / . The allegations were not substantiated, but there were deficiencies identified unrelated to the complaint.

0030 Resident Care - Rights & Facility Procedures

Based on observation and staff interview the facility failed to ensure the rights of 2 of 10 residents (#9 and 10) in regards to living in a decent living environment.

The Findings:

On / at approximately 10:10 am, an observation was made of resident #9 and 10's . Resident #9's bed linens had dried bowel movement on one of the sheets and large amount of yellow/brownish stains on it. An observation of the two pillow cases had large amount of brownish/yellow stains on it. An observation was made of resident #9 underwear, as pointed out by the family member with dark dried bowel movement in it. An observation was made of the which is shared by resident #9 and 10. The toilet was observed to have a thick dark black circular stain in it with dried feces in it. The shower area was observed to have large amount of black substance on one of the walls.
At approximately 10:15 am, the Sales and Marketing, Resident Program Coordinator and Lead Resident Assistant arrived in the observed the condition of the . The lead resident assistant reported that the resident assistants are the staff responsible for cleaning the and the are supposed to be cleaned once a week and bed linen changed on shower days or on Saturday or if needed.
At approximately 10:30 am, the Executive Director (ED) and Director of Nursing (DON) arrived at the facility and to resident #9's . The family member informed the ED that she was tired of resident #9's being cleaned and this was not the first time this matter had been brought to their attention.
The ED and DON confirmed the condition of resident #9's bed linens and is shared by resident #10.

0152 Physical Plant - Safe Living Environ/Other

Based on observation, family interview and staff interview the facility failed to make available linens free from stains for 1 of 10 residents sampled. (#9)

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

The Findings:

On / at approximately 10:10 am, an observation was made of resident #9's his family member. Resident #9's bed linens had dried bowel movement on one of the sheets and large amount of yellow/brownish stains on it. An observation of the two pillow cases had large amount of brownish/yellow stains on it. An observation was made of resident #9 toilet to find large amount of dark black circular stains and then of the shower area which had large amount of black substance on the wall.
At approximately 10:15 am, the Sales and Marketing, Resident Program Coordinator and Lead Resident Assistant arrived in the observed the condition of the . The lead resident assistant reported that the resident assistants are the staff responsible for cleaning the and the are supposed to be cleaned once a week and bed linen changed on shower days or on Saturday or if need At approximately 10:30 am, the Executive Director (ED) and Director of Nursing (DON) arrived at the facility and to resident #9's . The ED and DON confirmed the condition of resident #9's bed linens and is shared by resident #10.