STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964794	**02/27/2017**
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

An unnanounced Limited Nursing Services monitoring visit was conducted at Sterling House of Panama City (Brookdale) Assisted Living Facility (license #9293) on . Deficient practice was identified at the time of the survey.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on record review and staff interview the facility failed to obtain omitted information on health assessments (AHCA form 1823) orally or in writing from the health care provider to complete the assessments for 3 of 3 sampled residents receiving Limited Nursing Services. (#1, 2 and 3).

The findings include:

Review of resident #1's record revealed an incomplete health assessment dated . The following items were blank: height and weight, elopement risk page 1, medical license number of examiner and address of examiner page 4.

Review of resident #2's record revealed an incomplete health assessment dated . The following items were blank: height, weight page 1, section 1-D indicating the individual's needs can be met in an assisted living facility on page 2, page 4 the name of the examiner printed, medical license number, address of examiner, telephone number and title.

Review of resident #3's record revealed an incomplete health assessment dated . The following items were blank: page 4 name of examiner is not printed, address and telephone number of examiner.

An interview was conducted with the Administrator on at approximately 10:36 AM. The Administrator observed and confirmed the health assessments were not complete. She stated the Health and Wellness Director was responsible for ensuring the health assessments are complete with all required information.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and staff interview the facility failed to ensure all direct care staff have a current level 2 background screen completed for 1 of 5 sampled employees. (employee C) The facility failed to ensure employee C was rescreened by as stated in F.S. 408.809.

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SUMMARY STATEMENT OF DEFICIENCIES
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The findings include:

Review of employee C's file revealed a hire date of and a level 2 background screen dated . No other background screens were in the file. An interview was conducted with the Administrator on at approximately 11:35 AM. The Administrator reviewed the background screen and confirmed the facility should have rescreened the employee. The Administrator stated the employee had last worked in the facility on and she was not able to produce any other background screen.

Unclassified