STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964476	07/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Merrimac	4455 Merrimac Avenue Jacksonville, FL 32210	

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

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D

Specific Tag Findings:

0000-Initial Comments
A Limited Nursing Services survey was conducted on 2013. Sterling House of Merrimac had licensure deficiencies found at the time of the visit.

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observation, record review and staff and resident interview, the facility failed have licensed nursing staff available on all shifts for one resident receiving Resident #1.

The findings include:

On at 10:05 a.m., Resident #1 was observed sitting in a recliner in his There was an concentrator and portable tank in his He did not have the on. The tubing was on the floor. He stated that he did not wear the all the time. He stated that staff did help him with his

A review the Resident's health assessment revealed a diagnosis of with a debilitated physical limitation. Under Nursing / treatment/ service requirements it listed continuous at 2 liters per minute.

The resident was receiving hospice services and there was a Community Hospice Medical recommendation to increase to 4 liters per minute continuously via nasal cannula and for a chest x ray as soon as possible.

A review the Resident's LNS Monthly Nursing Assessment, dated revealed the resident had an diagnosis of and was for 2 liters per minute nasal cannula as needed.

The LNS progress notes on at 9 a.m. revealed hospice assisted with a.m. care and resident ambulated to dining rolling walker. Denies pain or in progress at 4 liters per minute nasal cannula.

The Health Wellness Director was interviewed on at 11:45 a.m. regarding the resident needing LNS services for She was unsure if the resident was to have the continuously or as needed. She stated that they have nurses on the day and evening shift to monitor the resident to see if he needed the or not. However, there was not a nurse scheduled on the night shift. Unlicensed staff would have to assist him if he was having distress and needed assistance.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sterling House of Merrimac
4455 Merrimac Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 23, 2013 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. Staff from this office will conduct a review after **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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