STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	01/09/2014
NAME OF PROVIDER OR SUPPLIER **Sterling House Of West Melbourne I**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 Greenboro Drive Melbourne, FL 32904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced Limited Nursing Services (LNS) monitoring conducted.

The facility had a deficiency found during the visit.

0084-Training - Assist Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on personnel record review and interview the facility failed to ensure 1 of 3 unlicensed staff (#C), who assisted residents with self-administration of medications, received a minimum 2 hour update related to medication practices in an assisted living facility, yearly.

Findings:

Personnel record review for staff #C at approximately 4:00 PM revealed the staff attended the 4 hour medication training on Continued review no evidence to confirm she attended/obtained a minimum 2 hour medication update training in the years 2012 and 2013.

In an interview with the administrator on at approximately 4:30 PM, she stated that she thought the staff had taken the training and was unable to locate the documentation. She stated she called the RN and the RN stated that her training documents were home.

An opportunity was given to the wellness director to locate the documentation and summited by electronic mail to the surveyor by

A phone call was received from the Wellness Director on at approximately 9:20 AM; she stated the RN and the pharmacy were unable to locate any documentation to confirm the staff had attended the medication update training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sterling House Of West Melbourne I
7300 Greenboro Drive
Melbourne, FL 32904

Dear Administrator:

Re: LNS monitoring

This letter reports the findings of a state licensure survey that was conducted on . 2014 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. Staff from this office will conduct a review after **2014,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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