STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964760	01/09/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sterling House Of West Melbourne Ii	**7200 Greenboro Dr Melbourne, FL 32904**

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

List of Tags Cited:
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac- Risk Mgmt & Qa; Adverse Incident Report S-S= B

Specific Tag Findings:

0000-Initial Comments
A Complaint Inspection #2013010811 was conducted on .....

Sterling House of West Melbourne II Assisted Living Facility had a deficiency found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on facility record review and interview the facility failed to ensure an adverse incident report was submitted when 2 of 14 sampled residents (#2 and #3) had a theft that was reported to the police for investigation.

Findings:

Review of the facility's complaints and concerns book log revealed that on ..... Resident #2 reported that money and a credit card were missing from her and resident #3's .....

Review of the facility's investigation report revealed it noted:
On ..... resident #2 reported that the theft happened at dinner time on ..... Dinner begins at 4:30 PM and it listed the staff that was present.
The resident stated her Discover Card that was in her wallet and cash divided into separate envelops (budgeted) as follows:
$31.76 from a returned razor-31 missing- left the .76 cents intact
$100.00 missing from a Dr. Appointment envelope
$280 missing from resident #2's wallet
$100 missing from resident #3's wallet
Resident #2 said she may or may not have had another $500.00 in various other envelopes but is not sure if she did or the exact amount. There was also an envelope with several 2 dollar bills that were not taken (approximately $10.00 worth).

On ..... A police report was made and an investigation was conducted and was determined that through the police investigation that Staff A had stolen resident #2 and resident #3 money and credit card and she was ..... on .....

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On at approximately 9:15 AM, the administrator was asked to provide the Adverse Incident Reports for the year of 2013.
The Regional Director of Health Care Services stated on at approximately 9:45 AM there were no Adverse Incident reports for the year of 2013.

During an Interview with the Administrator and the Regional Director of Health Care services on at 10:15 AM, they stated an adverse incident report was not completed for the theft because they were not aware that a police report made by a resident for investigation was an Adverse Incident. They explained that they thought only police reports that were made by the facility for investigations were adverse incidents.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Sterling House Of West Melbourne II
7200 Greenboro Dr
Melbourne, FL 32904

Dear Administrator:

Re: CCR #2013010811

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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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