STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	11/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of West Melbourne I	7300 Greenboro Drive Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:
0000-Initial Comments
Relicensure survey with Limited Nursing Services (LNS) was conducted on
Sterling House of West Melbourne I had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observations, interviews and record review, the facility failed to provide care and services appropriate to the needs of 1 of 3 sampled residents and allowed her to self-administer medications without a healthcare provider's order (#2).

Findings:

In an interview with resident #2 on at approximately 1:30 PM, she stated, "I have this thing, best I show you. At certain times in the morning, at 4 PM and 7 PM the pills drop into this thing here and I take them. My son and or daughter-in law fill it for me once a week. When the pills come down, it makes a noise." Observations noted the resident had an automated pill organizer/dispenser.

Record review on at approximately 2:15 PM for resident #2 revealed she was admitted to the facility on A health assessment report 1823 dated listed diagnoses of status post and . Per assessment, she was alert x 3 with and needed assistance with self-administration of medication. The and 2014 Medication Observation Record (MOR) indicated she self-administered medications. The record did not reveal any evidence the resident had been assessed and deemed able to self- administer her medications. The record did not reveal any evidence the healthcare provider had been contacted prior to the resident assuming the responsibility of taking her medications, and an order obtained to allow the resident to self -administer her medications.

In an interview on at approximately 3:30 PM, the facility registered nurse stated normally as assessment was conducted before the resident self -administers medications. However, after looking through the resident's record, she was unable to locate the

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assessment.

The Health and Wellness Director provided a healthcare provider's telephone order (TO) dated that indicated "TO clarification of 1823 resident self-med from 1823 with assistance from family."

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on personnel record review and interview, the facility failed to ensure 2 of 5 sampled staff provided the facility with a healthcare provider statement to indicate that the person did not have any signs or symptoms of yearly (#D & E).

Findings:

1. Personnel record review revealed that staff #D had a health care provider statement dated that indicated from communicable including The personnel record review did not reveal any evidence to confirm that staff #D had been assessed or tested by a healthcare provider and given a statement to indicate freedom from for 2014.

2. Personnel record review revealed that that staff #E had a chest X-ray result dated that indicated no evidence of The personnel record review did not reveal any evidence to confirm that staff #E had been assessed or tested by a healthcare provider and given a statement to indicate freedom from for 2014.

In an interview with the director of nursing on at approximately 4 PM, she confirmed that staff #D and #E were overdue for their test.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

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

RE: Biennial relicensure w/LNS

Dear Administrator:

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 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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