



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

July 18, 2012

Administrator
Sterling House of Spring Hill
10440 Palmgren Lane
Spring Hill, FL 34606

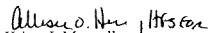
Dear Administrator:

This letter reports findings of a Limited Nursing Services licensure survey that was conducted on July 11, 2012 by a representative of this office. Enclosed is the provider's copy of the State (3020) Form, which indicates there were no discernible deficiencies noted on the date of the 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 (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964750	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/11/2012
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF SPRING HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 10440 PALMGREN LN SPRING HILL, FL 34606	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
A 000	Initial Comments An unannounced Limited Nursing Services (LNS) monitoring visit was conducted on July 11, 2012. No deficiencies were identified during this survey. The Assisted Living Facility was found to be in compliance with Chapter 429, Part 1 & Chapter 408, Part II Florida Statutes and 58A-5 Florida Administrative Code as they apply to this survey only.	A 000	

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6859

QO5211

If continuation sheet 1 of 1