

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/17/2012
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF JACKSONVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 10875 OLD ST. AUGUSTINE ROAD JACKSONVILLE, FL 32257		
(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 On September 17, 2012 a Limited Nursing Survey was conducted and at the time of the survey no deficient practice was identified.	A 000			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

8899

36YP11

If continuation sheet 1 of 1

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

September 19, 2012

Administrator
Sterling House of Jacksonville
10875 Old St. Augustine Road
Jacksonville, FL 32257

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on September 17, 2012 by a representative of this office. Attached 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 (904) 798-4201.

Sincerely,

A handwritten signature in black ink, appearing to read "Keisha Woods", written in a cursive style.

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

CA/KW/sm
Enclosure

