

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964081

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/26/2012

Name of Facility

STERLING HOUSE OF TEQUESTA

Street Address, City, State, Zip Code

205 VILLAGE BLVD
TEQUESTA, FL 33469

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>A0092</u> Reg. # <u>58A-5.020(1) FAC</u> LSC	Correction Completed 12/26/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
[Signature]
Reviewed By

Date:
1/14/13
Date:

Signature of Surveyor:
[Signature]
Signature of Surveyor:

Date:
1/16/13
Date:

Followup to Survey Completed on:
9/10/2012

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

Jan 16, 2012

Administrator
Sterling House Of Tequesta
205 Village Blvd
Tequesta, FL 33469

Dear Administrator:

This letter reports the findings of a second revisit survey conducted on December 26, 2012 by a representative from this office. Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A Arlene Mayo-Davis
Field Office Manager

AMH:iso
Enclosure
J5XD

