



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 1, 2013

Administrator  
Sterling House of Gainesville  
4601 N.W. 53rd Avenue  
Gainesville, FL 32606

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 19, 2013 by representative of this office. Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D



10/1/2013

## State Form: Revisit Report

|                                                                       |                                                      |                                                                                         |
|-----------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------|
| (Y1) Provider / Supplier / CLIA / Identification Number<br>AL11964436 | (Y2) Multiple Construction<br>A. Building<br>B. Wing | (Y3) Date of Revisit<br>9/19/2013                                                       |
| Name of Facility<br>STERLING HOUSE OF GAINESVILLE                     |                                                      | Street Address, City, State, Zip Code<br>4601 N.W. 53RD AVENUE<br>GAINESVILLE, FL 32606 |

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>A0053</u><br>Reg. # <u>58A-5.0185(4) FAC</u><br>LSC _____ | Correction Completed<br>09/19/2013 | ID Prefix <u>A0056</u><br>Reg. # <u>58A-5.0185(7) FAC</u><br>LSC _____ | Correction Completed<br>09/19/2013 | ID Prefix <u>A0152</u><br>Reg. # <u>58A-5.023(3) FAC</u><br>LSC _____ | Correction Completed<br>09/19/2013 |
| ID Prefix <u>AN278</u><br>Reg. # <u>58A-5.031(3) FAC</u><br>LSC _____  | Correction Completed<br>09/19/2013 | ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |
| ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                           | Correction Completed               | ID Prefix _____<br>Reg. # _____<br>LSC _____                          | Correction Completed               |

|                                                                              |                                                   |                                                                                                                           |                                                                                      |                            |
|------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------|
| Reviewed By _____<br>State Agency _____<br>Reviewed By _____<br>CMS RO _____ | Reviewed By <u>S. Burger</u><br>Reviewed By _____ | Date: <u>10/2/13</u><br>Date: _____                                                                                       | Signature of Surveyor: <u>S. Burger for E. Reyes</u><br>Signature of Surveyor: _____ | Date: _____<br>Date: _____ |
| Followup to Survey Completed on:<br>7/2/2013                                 |                                                   | Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO |                                                                                      |                            |