

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11964794

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
9/27/2013

Name of Facility

Street Address, City, State, Zip Code

STERLING HOUSE OF PANAMA CITY

2575 HARRISON AVENUE
PANAMA CITY, FL 32405

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 AN278	Correction Completed 09/27/2013	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # 58A-5.031(3) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
KAL
Reviewed By

Date:
9/27/13
Date:

Signature of Surveyor:
Rebecca Reed / RD
Signature of Surveyor:

Date:
9/27/13
Date:

Followup to Survey Completed on:
8/9/2013

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

YES NO

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/27/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED 09/27/2013
NAME OF PROVIDER OR SUPPLIER Sterling House Of Panama City	STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Harrison Avenue Panama City, FL 32405	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Limited Nursing Services Revisit survey was conducted at Sterling House Assisted Living Facility in Panama City, FL on 9/27/2013. No deficient practice was identified during the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 27, 2013

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

Dear Administrator:

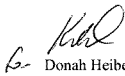
This letter reports the findings of a state licensure survey revisit conducted on September 27, 2013 by a representative of this office.

Attached 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 me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

D19D

