STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	**10/08/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Blue Water Bay	**1551 Merchants Way Niceville, FL 32578**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
A complaint survey (CCR # 2013009201) was completed at Sterling House of Blue Water Bay, ALF on 10/8/2013 in conjunction with the biennial licensure and limited nursing services survey. No deficiencies were found at the time of the survey.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 10, 2013

Administrator
Sterling House Of Blue Water Bay
1551 Merchants Way
Niceville, FL 32578

Including CCR # 2013009201

Dear Administrator:

This letter reports findings of a state licensure survey including limited nursing services and a complaint that was conducted on October 8, 2013 by representatives of this office. Attached is the provider's copy of the State (5000-3547) 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGettigan

for Bonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure

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