

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 10/10/2013  
FORM APPROVED

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

0000-Initial Comments

A biennial licensure survey including limited nursing services was conducted on 10/8/2013 at Sterling House of Blue Water Assisted Living Facility. The facility had no deficiencies at the time of survey.



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**

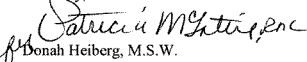
Dear Administrator:

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,

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

DH/pm  
Enclosure

1GGN

