

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 12/05/2013  
FORM APPROVED

|                                                                                                        |                                                                                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964708</b>                          | (X3) DATE SURVEY COMPLETED<br><br><b>11/26/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sterling House Of Tall</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1780 Hermitage Blvd.<br/>Tallahassee, FL 32308</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                    |                                                     |

**Revisit Corrected Tags:**

Z815-Background Screening; Prohibited Offenses-11/27/2013

0000-Initial Comments

On 11/27/13 an unannounced revisit to the Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit at Sterling House Assisted Living Facility. At the time of the revisit all deficiencies were cleared and there were no new deficiencies identified.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 6, 2013

Administrator  
Sterling House Of Tallahassee  
1780 Hermitage Blvd.  
Tallahassee, FL 32308

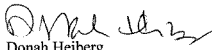
Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on November 27, 2013 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

  
Donah Heiberg  
Field Office Manager

DH/dh  
Enclosure

DT9D

