| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964586** | **12/04/2013** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Sterling House Of Lehigh Acres** | **1251 Business Way Lehigh Acres, FL 33936** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**Revisit Corrected Tags:**
0010-Admissions - Continued Residency-12/04/2013
0055-Medication - Storage And Disposal-12/04/2013
0077-Staffing Standards - Administrators-12/04/2013
0078-Staffing Standards - Staff-12/04/2013
N278-Lns - Records-12/04/2013

An unannounced follow-up to a Biennial survey with the Limited Nursing Service (LNS) component was completed on 12/4/13 at Sterling House at Lehigh Acres, an Assisted Living Facility (ALF) in Lehigh Acres, FL.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

0077-Staffing Standards - Administrators 58A-5.019(1) FAC

0078-Staffing Standards - Staff 58A-5.019(2) FAC

N278-LNS - Records 58A-5.031(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 17, 2013

Administrator
Sterling House Of Lehigh Acres
1251 Business Way
Lehigh Acres, FL 33936

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Services survey revisit completed on December 4, 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372