

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 12/16/2013
FORM APPROVED

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

An unannounced Complaint Survey, CCR# 2013009633 was conducted on 12/4/13 at Sterling House of Lehigh Acres, an Assisted Living Facility (ALF).

The complaint allegations were found to be unsubstantiated.

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



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 16, 2013

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

Re: CCR #2013009633

Dear Administrator:

This letter reports the findings of a complaint survey completed on December 4, 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

