STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964663	**12/03/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Ft Myers	**14521 Lakewood Boulevard Fort Myers, FL 33919**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0029-Resident Care - Nursing Services-12/03/2013
0030-Resident Care - Rights & Facility Procedures-12/03/2013
0081-Training - Staff In-Service-12/03/2013
0082-Training - Hiv/aids-12/03/2013
0092-Food Service - General Responsibilities-12/03/2013
0167-Resident Contracts-12/03/2013

These are the results of the follow-up to the Biennial and Limited Nursing Service (LNS) survey conducted at Sterling House of Fort Myers an Assisted Living Facility (ALF).

All previous citations have been substantially improved or corrected.

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

0029-Resident Care - Nursing Services 58A-5.0182(5) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0082-Training - HIV/AIDS 58A-5.0191(3) FAC

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

0167-Resident Contracts 58A-5.025(1) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 10, 2013

Administrator
Sterling House Of Ft Myers
14521 Lakewood Boulevard
Fort Myers, FL 33919

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on December 3, 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

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Enclosure: State Form

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

Fort Myers Field Office
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Fort Myers, FL 33901
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