STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964641	**01/29/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Englewood	**550 Rotonda Blvd West Rotonda West, FL 33947**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0083-Training - First Aid And Cpr-01/29/2014
0093-Food Service - Dietary Standards-01/29/2014
N278-Lns - Records-01/29/2014

On 1/29/14 a follow-up to the Biennial and Limited Nursing Service (LNS) survey was completed at Sterling House of Englewood an Assisted Living Facility (ALF).

All previously cited deficiencies were found to be corrected. At the time of the survey no deficiencies were identified.

0083-Training - First Aid and CPR 58A-5.0191(4) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 5, 2014

Administrator
Sterling House Of Englewood
550 Rotonda Blvd West
Rotonda West, FL 33947

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on January 29, 2014 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

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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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