

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 02/10/2014  
FORM APPROVED

|                                                                                                        |                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964586</b>                    | (X3) DATE SURVEY COMPLETED<br><br><b>02/04/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sterling House Of Lehigh Acres</b>                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1251 Business Way<br/>Lehigh Acres, FL 33936</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                              |                                                     |

This is the result of an unannounced Limited Nursing Services (LNS) survey which was conducted on 2/4/13, at Sterling House of Leigh Acres, an Assisted living Facility (ALF).

No deficiencies were identified during the survey.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 10, 2014

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

Dear Administrator:

This letter reports findings of a Limited Nursing Service (LNS) survey that was conducted on February 4, 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

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

