STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964072	**02/18/2014**
NAME OF PROVIDER OR SUPPLIER **Sterling House Of West Melbourne I**	STREET ADDRESS, CITY, STATE, ZIP CODE **7300 Greenboro Drive Melbourne, FL 32904**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/18/2014

Specific Tag Findings:

0000-Initial Comments

Revisit to the Biennial Relicensure Survey was conducted on 2/18/14.
Sterling House of West Melbourne I had corrected the deficiency at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 21, 2014

Administrator
Sterling House Of West Melbourne I
7300 Greenboro Drive
Melbourne, FL 32904

RE: Revisit to LNS monitoring

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on February 18, 2014 by representative(s) 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.

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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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