



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 9, 2014

Administrator
Sterling House of Leesburg
700 South Lake Street
Leesburg, FL 34748

Dear Administrator:

This purpose of this letter is to advise you that the State Form was amended to reflect the new findings as of the above date. Enclosed 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 of May 22, 2014.

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 this office at (386) 462-6201.

Sincerely,


Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964270	(X3) DATE SURVEY COMPLETED 05/22/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of Leesburg	STREET ADDRESS, CITY, STATE, ZIP CODE 700 South Lake Street Leesburg, FL 34748	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On May 22, 2014 an unannounced Limited Nursing Services Monitoring survey was conducted at Sterling House of Leesburg Assisted Living Facility located in Leesburg, Florida. Deficient practice was not identified at the time of the survey.