

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964760	(X3) DATE SURVEY COMPLETED 06/02/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of West Melbourne II	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 Greenboro Dr Melbourne, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

The biennial re-licensure survey with Limited Nursing Services (LNS) was conducted on 6/2/14. Sterling House of West Melbourne II had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 3, 2014

Administrator
Sterling House Of West Melbourne II
7200 Greenboro Dr
Melbourne, FL 32904

RE: Biennial relicensure w/LNS

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 2, 2014 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

A handwritten signature in cursive script, appearing to read "Theresa DeCanio".

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

