

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964959	(X3) DATE SURVEY COMPLETED 06/11/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of Pensacola	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 University Parkway Pensacola, FL 32501	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

CCR# 2014005070 was investigated 6/11/14 at Sterling House Assisted Living Facility. At the time of the survey the facility had no deficiencies identified.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 18, 2014

Administrator
Sterling House Of Pensacola
8700 University Parkway
Pensacola, FL 32501

RE: CCR #2014005070

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 11, 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

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