

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964794	(X3) DATE SURVEY COMPLETED 06/19/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of Panama City	STREET ADDRESS, CITY, STATE, ZIP CODE 2575 Harrison Avenue Panama City, FL 32405	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

On 6/19/2014, Complaints CCR#2014005746 and CCR#2014005786 were investigated at Sterling House of Panama City. There were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 26, 2014

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

RE: CCR #2014005746, 2014005786

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 19, 2014 by a representative 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. Should you have any questions, please contact me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure

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