STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964874	**06/16/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sterling House Of Cape Coral	**1416 Country Club Road Cape Coral, FL 33990**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision-06/16/2014
0030-Resident Care - Rights & Facility Procedures-06/16/2014
0054-Medication - Records-06/16/2014
0056-Medication - Labeling And Orders-06/16/2014
0081-Training - Staff In-Service-06/16/2014
0092-Food Service - General Responsibilities-06/16/2014

These are the results of the follow-up to the Biennial and Limited Nursing Services (LNS) survey completed on 5/1/14 at Sterling House of Cape Coral an Assisted Living Facility (ALF). The follow-up survey was conducted on 6/16/14.

All deficiencies are corrected. No other deficiencies were identified.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0054-Medication - Records 58A-5.0185(5) FAC

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

0081-Training - Staff In-Service 58A-5.0191(2) FAC

0092-Food Service - General Responsibilities 58A-5.020(1) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 27, 2014

Administrator
Sterling House Of Cape Coral
1416 Country Club Road
Cape Coral, FL 33990

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) survey revisit conducted on June 16, 2014 by a representative 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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