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|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11964708</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>07/30/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Sterling House Of Tall</b>                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1780 Hermitage Blvd.<br/>Tallahassee, FL 32308</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

0000-Initial Comments

On 7/30/14 an unannounced extended congregate care (ECC) monitoring survey was done in conjunction with a revisit. The facility had no deficiencies at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

August 1, 2014

Administrator  
Sterling House Of Tall  
1780 Hermitage Blvd.  
Tallahassee, FL 32308

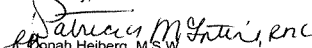
Dear Administrator:

This letter reports findings of a state licensure extended congregate care survey that was conducted on July 30, 2014 by a representative 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/pm  
Enclosure

1GGN

