

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964062	(X3) DATE SURVEY COMPLETED 09/04/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of Vero Beach	STREET ADDRESS, CITY, STATE, ZIP CODE 410 4th Court Vero Beach, FL 32962	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-09/04/2014
0032-Resident Care - Elopement Standards-09/04/2014
0077-Staffing Standards - Administrators-09/04/2014

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to the complaint survey, CCR #2014004465, was conducted on September 4, 2014. Sterling House Of Vero Beach had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 16, 2014

Administrator
Sterling House Of Vero Beach
410 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on September 4, 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

[Signature]
Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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