

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964709	(X3) DATE SURVEY COMPLETED 10/17/2014
NAME OF PROVIDER OR SUPPLIER Sterling House Of Blue Water Bay	STREET ADDRESS, CITY, STATE, ZIP CODE 1551 Merchants Way Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

N277-Lns - Resident Care Standards-10/17/2014

0000-Initial Comments

An unannounced follow up survey for the Limited Nursing Monitoring visit of 8/18/14 was done on 10/17/14. The citation was cleared at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 20, 2014

Administrator
Sterling House Of Blue Water Bay
1551 Merchants Way
Niceville, FL 32578

Dear Administrator:

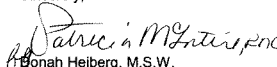
This letter reports the findings of a state licensure survey revisit conducted on October 17, 2014 by a representative of this office.

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 me at 850-412-4540.

Sincerely,


Patricia McIntire, M.S.W.
Field Office Manager

DH/pm
Enclosure

DT9D

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