

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964642	(X3) DATE SURVEY COMPLETED 04/09/2015
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF PALM COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 3 CLUB HOUSE DRIVE PALM COAST, FL 32137	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced Limited Nurses Services survey was conducted on 4/9/15. Sterling House of Palm Coast ALF had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 13, 2015

Administrator
Sterling House Of Palm Coast
3 Club House Drive
Palm Coast, FL 32137

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on April 9, 2015 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 this office at (904) 798-4201.

Sincerely,


for Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure

