

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/17/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964708	(X3) DATE SURVEY COMPLETED 04/15/2015
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF TALL	STREET ADDRESS, CITY, STATE, ZIP CODE 1780 HERMITAGE BLVD. TALLAHASSEE, FL 32308	

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

0000 - Initial Comments

ECC/LNS monitoring

On 04/15/15 an unannounced Extended Congregate Care/Limited Nursing Services Monitoring was conducted at Sterling House of Tallahassee Assisted Living Facility. At the time of the monitoring, there were no deficiencies identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 17, 2015

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

RE: Monitoring Survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 15, 2015 by representative(s) 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(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

A handwritten signature in black ink, appearing to read "Donah Heiberg", written over a horizontal line.

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

1GGN

