STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964794	09/01/2015
NAME OF PROVIDER OR SUPPLIER **STERLING HOUSE OF PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2575 HARRISON AVENUE** **PANAMA CITY, FL 32405**	

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

0000 Initial Comments

An unannounced Limited Nursing Services monitoring visit was conducted at Sterling House of Panama City Assisted Living Facility on 9/1/2015. No deficient practice was identified during the survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2015

Administrator
Sterling House Of Panama City
2575 Harrison Avenue
Panama City, FL 32405

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 1, 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,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure

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