

11/10/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11964708	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 12/1/2015
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Name of Facility

Street Address, City, State, Zip Code

STERLING HOUSE OF TALL

1780 HERMITAGE BLVD.
TALLAHASSEE, FL 32308

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0010 Reg. # 429.26(1&9) FS: 58A-5.018 LSC	Correction Completed 11/03/2015	ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 11/03/2015	ID Prefix AN278 Reg. # 58A-5.031(3) FAC LSC	Correction Completed 11/03/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

State Agency

Reviewed By

Reviewed By

Date:

Signature of Surveyor:

Date:

CMS RO

Followup to Report Completed on:

9/29/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 11/10/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964708	(X3) DATE SURVEY COMPLETED R 12/01/2015
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

A desk review revisit survey was completed on November 10, 2015 for Sterling House of Tallahassee. Previously cited deficiencies were found corrected



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 10, 2015

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

Dear Administrator:

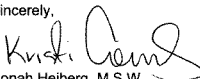
This letter reports the findings of a state licensure survey revisit conducted on November 10, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected as of November 3, 2015. **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.

Should you have any questions please call me at 850-412-4540.

Sincerely,


Donah Heiberg, M.S.W.
For Field Office Manager

DH/kc
Enclosure

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