State Form: Revisit Report

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

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

Reviewed By State Agency	Reviewed By Kristi Cong	Date: 11/10/15	Signature of Surveyor: Kristi Cong	Date: 11/10/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:
9/29/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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

DT9D

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