

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910384	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 10/27/2021
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE 5081 LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 5081 DUNN ROAD FORT PIERCE, FL 34981		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
{A 000}	Initial Comments AMENDED An unannounced revisit for Complaint (#2021010400) and Generator Monitoring survey was conducted as a Desk Review on 10/27/21 for Cambridge 5081, LLC. The previously cited deficiencies were found corrected at the time of the review. This revisit was conducted in conjunction with Complaint #2021012810. See separate report for findings.	{A 000}			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE