Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964856	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF TEQUESTA	211 VILLAGE BLVD TEQUESTA, FL 33469

(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 An Assisted Living Facility standard biennial licensure survey with Limited Nursing Services (LNS) was conducted on [redacted] Clare Bridge of Tequesta, had licensure deficiencies found at the time of the visit.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a [redacted] pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve	A 010		

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A 010	Continued From page 1	A 010		

within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2	A 010		

This Statute or Rule is not met as evidenced by:
Based on observations, record review and interview, it was determined the facility failed to ensure that all residents met the criteria for continued residency, for 2 out of 12 sampled residents (Resident #6 & #7).

The findings include:

a) During observations of breakfast at the facility between the hours of 8 AM and 10 AM, it was noted Resident #6 requires total assistance with eating. Resident #6 was observed being fed breakfast by a Resident Care Aide at 9:20 AM on , which consisted of oatmeal, eggs, sausage and pancakes. An interview with the Resident Care Aide at 9:30 AM on revealed the resident has to be all meals. It was also revealed the resident is incapable of feeding self and will not feed herself even with assistance and supervision by staff.

Review of Resident #1's health assessment dated , note a diagnosis of deficiency, hypercholesteremia, or behavioral status on the health assessment note that the resident does not always respond when spoken to and unable to follow commands and difficulty understanding and comprehending information spoken to her. Further review of ADL assessment level per health assessment note the resident has difficulty handling utensils and does better with finger foods. Record review failed to indicate the resident was enrolled in hospice services. It was also noted that the failed lacked documentation indicating steps taken by the facility to ensure the resident met criteria for continued residency.

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A 010	Continued From page 3	A 010		

An interview with the Director Of Wellness at 11:25 AM on , revealed the resident upon admission on was feeding herself with no problems. It was revealed she was not aware that the resident had become total with feeding. Further interview, confirmed that the resident was not enrolled in hospice.

b) During observations of breakfast at the facility between the hours of 8 AM and 10 AM, it was noted Resident #7 requires total assistance with eating. Resident #7 was observed being fed breakfast by a Resident Care Aide at 9 AM on which consisted of oatmeal, eggs, sausage and pancakes. An interview with the Resident Care Aide at 9:05 AM on revealed the resident has to be fed all meals and requires total assistance with all ADLs. It was also revealed the resident is incapable of feeding self and will not feed herself even with assistance and supervision by staff.

Review of Resident #7's health assessment dated note a diagnosis of and right hip replacement. or behavioral status on the health assessment note and Further review of ADL assessment level per health assessment note the resident only requires assistance or supervision with all ADLs. Record review failed to indicate the resident was enrolled in hospice services. It was also noted that the failed lacked documentation indicating steps taken by the facility to ensure the resident met criteria for continued residency

An interview with the Director Of Wellness at 1 PM on , revealed the resident upon admission on was able to perform her

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A 010	Continued From page 4 ADLs with assistance and supervision. It was revealed the resident has declined in significantly over the past months and has become total with her ADLs . Further interview confirmed the resident was not enrolled in hospice services. Class III	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025		

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A 025	Continued From page 5	A 025		

administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on observations, interview and record review, it was determined the facility failed to ensure care and services appropriate to the needs of each resident are provided, for 4 out of 12 sampled residents (#1, #2,, #4, #8).

Findings include:
a) Observations of breakfast at the facility between the hours of 8 AM and 9:40 AM on , revealed the facility failed to provide total feeding assistance to 4 residents in a timely manner. Resident #1, #2, #4 & #8 were observed sitting at the table for breakfast at 8:15 AM on with 1 staff member assigned to feed all 4 residents. Resident #2 was fed her breakfast first at 8:45 AM. During this time resident #1, #4 & #8 were sitting at the table waiting to be fed while the 1 staff member feed Resident #2. An interview with the Resident Care Aid at 8:45 AM on revealed she is assigned to feed all 4 residents one at a time. It was revealed she will feed resident #2 and then proceed to the other 3 residents 1 at a time. According to the Resident Care Aide all 4 residents are enrolled in hospice services and are total assist with eating and have to be fed their entire meals. Further observations revealed the other 3 residents had to watch resident #2 consume her entire meal and fluids before they were fed. It was also noted residents were all extremely and unable to verbally communicate their needs or desire to be fed at current time.

Further observations revealed resident #8 was fed at 8:55 AM, then Resident #4 was fed at 9:20

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A 025	Continued From page 6	A 025		

AM. Resident #1 was removed from the table at 9:10 AM since she was not very responsive to the Resident Care Aide attempt to feed her and due to her being very [redacted] and for further evaluation due to right jaw area largely. Resident #1 was never returned to the dinning area to be fed breakfast neither did a staff member take the resident's meal to her [redacted] feed her. An interview with the LPN (the evaluating nurse) on duty at 9:45 AM revealed she did not take the resident back to the dinning area after evaluation because she decided to let the resident rest.
Record review of Resident #1, #2, #4 & #8's Health Assessment revealed all 4 residents are total assist in feeding and have to be fed their entire meals. An interview with the Director Of Wellness at 10:50 AM on [redacted] confirmed all 4 residents are total assist in feeding.

b) The surveyor conducted an observation of residents who were in the dining [redacted] at 8:48 am. Resident # 1 was seated in a chair and leaning sharply to the left. The surveyor approached to conduct a closer examination. The right side of the resident's face was markedly [redacted] bright red with a dark red line extending from the resident's right corner of her mouth to the side of the face. The surveyor requested that the staff assist the resident to an upright position. When repositioned, the resident's face remained [redacted] and discolored. The surveyor at 9:10 AM, requested that the resident be removed to her [redacted] that the nurse examine the resident. At 9:38 am, the surveyor observed the resident lying in bed with the head of the bed slightly elevated. The Surveyor asked if she had been examined by the nurse. The resident was non responsive to resident questions. The Certified Nursing Assistants (C.N.A.) were

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A 025	Continued From page 7	A 025		

summoned and confirmed that they had notified the Nurse of the surveyor concerns. When asked why they had not notified the nurse before the surveyor asked them to, the C.N.A. 'S stated that the resident always looks that way. The Surveyor then asked for the nurse to come to the examine the resident. When the Nurse arrived she looked at the resident and stated ," she always looks like that." The surveyor asked the nurse to examine the resident's face and note the temperature of the right and left sides of the face. The nurse confirmed that the resident's right face was significantly warmer than the left side and that it was very The Nurse stated, " she always looks like that." She then left the conducting a further examination of the resident. The Surveyor then asked the Director of Nursing to examine the resident. She did so and confirmed that the resident's face was markedly and and agreed to notify the resident's physician at the request of the Surveyor.
At approximately 12:30 PM, the Nurse from Hospice came to examine Resident # 1 and confirmed that her right cheek was visibly and tender to the touch. She notified the physician who ordered 500 mg Po for 7 days and warm compresses to the right cheek four times a day. When asked what she determined from her examination, the Hospice Nurse stated that the resident had two abscessed removed a month ago and could be experiencing a similar episode. She had examined the resident the previous weekend did not have the same symptoms at that time. The Nurse confirmed that the resident should have been assessed and the change in condition reported to the physician.

Class III

Agency for Health Care Administration

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A 053 SS=D	58A-5.0185(4) FAC Medication - Administration	A 053		

(4) MEDICATION ADMINISTRATION.
(a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label.
(b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as . . . . l glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including . . . . l glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail

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Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that . . . . . I medications were administered appropriately for 2 of 11 sampled residents(R#1 & R# 12)

Findings include:

1) A medication pass observation was conducted on . . . . starting at 8:01 am. The Nurse poured and administered oral medications to Resident #1at 8:11 am who was seated in the dining . . . . . There were 12 other residents seated in tables in the dining . . . . . the same time. After consuming the oral medications, the Nurse moved the back of the resident's shirt and with her unloved hands applied a . . . . . I medication. The Nurse did not wash her hands after applying the medication and then returned to pour medications for another resident.

2) The surveyor continued the medication pass observation with the nurse as she poured oral medications for Resident # 12 . The nurse exposed the resident's back and removed the . . . . . I patch medication from the residents back and with her ungloved hands applied the new . . . . . I patch medication to the resident's shoulder. The nurse then washed her hands. The Surveyor asked the nurse if she should use gloves when applying . . . . . I medications. The Nurse confirmed that she should have used gloves when applying . . . . . I medications. The Director of Nursing was interviewed at 8:48am and also confirmed that gloves should be used whenever removing or applying . . . . . I medications to

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A 053	Continued From page 10 ensure that the medication is not absorbed by the staff person and to prevent cross contamination. Class III	A 053		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their . . . . . or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the . . . . . or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s

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A 055	Continued From page 12	A 055		

medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that medications were labeled with the prescription of the resident to whom they had been prescribed for 1 of 1 medication cabinets and that expired medications were removed and unavailable for administration.

Findings include:

1) An observation of the medication cabinets inside the Wellness Center was conducted on [redacted] starting at 9:00 am, accompanied by the Nurse and Director of Nursing. The following unlabeled medications were observed : 1 jar of silver [redacted] cream, 2 tubes of triple [redacted] ointment without caps, 1 cut sterile Adapt dressing and 1 open package of 44 gauze dressings. The Director of Nursing confirmed that all medications should be labeled as prescribed for the resident to whom they were to be administered and that once opened any remaining portion of a sterile dressing should be

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A 055	Continued From page 13 discarded and unavailable for reuse. 2) An observation of the medication refrigerator was then conducted which revealed the following expired medications : one vial of Lantus which expired on [illegible] and one bottle of eye drops with the expiration date of [illegible]. The Director of Nursing confirmed that expired medications should be discarded and unavailable for use. Class III	A 055		
A 093 SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, [illegible] and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings;	A 093		

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	AL11964856	A. BUILDING _____ B. WING _____	

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3. Fruit: 2 4 or more servings;
4. Bread and starches: 6 11 or more servings;
5. Milk or milk equivalent: 2 servings;
6. Fats, oils, and sweets: use sparingly; and
7. Water.

(c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.

(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is

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necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are

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labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.

This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview, the facility failed to serve therapeutic diets as ordered as evidenced by not offering thickened liquids for 3 of 12 sampled residents (#2, #3 and #11).

Findings include:

Observations of the dining at approximately 9 AM revealed facility staff poured juice and handed it to residents without the addition of ordered thickner. Interviews were conducted with the four staff who were present assisting the residents to eat their breakfast. They all confirmed that they did not have access to thickener powder and were not aware if any of the residents required thickened liquids.

At 12:00 PM on during the lunch dining observations, staff poured fluids and handed them to residents without the addition of thickeners. When the staff were interviewed, none of them were aware of any residents who required thickened liquids. The staff all confirmed that if a resident required thickened liquids, the nurse is the individual responsible for

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administering thickner to those residents. The surveyor then asked the Nurse if there were any residents who required thickened liquids. She stated that Residents # 2, #3 and #11 all required thickened liquids. The Nurse then opened her medication cart, removed a can of thicken powder and proceeded to the dining [illegible] add the powder to the fluids of the identified residents. The Surveyor noted that all three residents had consumed 1/2 or more of their unthickened fluids before surveyor intervention. The Nurse confirmed that she should have administered the thickener before the residents were allowed to drink their fluids.

Review of the physician orders revealed the following orders for thickened liquids:

Resident # 2 [illegible]: Thicken liquids to nectar thick consistency..

Resident # 3 [illegible] Puree diet and thicken all liquids to nectar per facility protocol.

Resident # 11 [illegible] Nectar thick liquid, mechanical soft diet with chopped meat.

The Director of Nursing confirmed that residents # 2, #3 and # 11 did not receive the thickened liquids as ordered by the physician.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Clare Bridge Of Tequesta
211 Village Blvd
Tequesta, FL 33469

Dear Administrator:

Re: Relicensure survey

This letter reports the findings of a state licensure survey that was conducted on . 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 representative. Should you have any questions please call this office at 561-381-5840.

Sincerely,

A. C. Boyles HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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