

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number AL11965283	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 9/13/2012
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Name of Facility CLARE BRIDGE OF VERO BEACH	Street Address, City, State, Zip Code 420 4TH COURT VERO BEACH, FL 32962
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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 A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 09/13/2012	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency Reviewed By CMS RO	Reviewed By <i>U4 43mth</i> Reviewed By	Date: 9/20/12 Date:	Signature of Surveyor: <i>U4 43mth for Anastasia Stanton</i> Signature of Surveyor:	Date: 9/20/12 Date:
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Followup to Survey Completed on:

7/13/2012

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

YES NO



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

September 20, 2012

Administrator
Clare Bridge Of Vero Beach
420 4th Court
Vero Beach, FL 32962

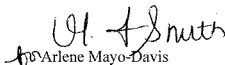
Dear Administrator:

This letter reports the findings of a Monitoring survey revisit conducted on September 13, 2012 by a representative from this office. Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,


to Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: Revisit Report

