

4/23/2013

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11966484

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
4/8/2013

Name of Facility

BRIDGE AT INVERRARY (THE)

Street Address, City, State, Zip Code

4291 ROCK ISLAND ROAD
LAUDERHILL, FL 33319

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 A0008	Correction Completed 04/09/2013	ID Prefix A0010	Correction Completed 04/09/2013	ID Prefix	Correction Completed
Reg. # 58A-5.0181(2) FAC LSC		Reg. # 58A-5.0181(4) FAC LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	
ID Prefix	Correction Completed	ID Prefix	Correction Completed	ID Prefix	Correction Completed
Reg. # LSC		Reg. # LSC		Reg. # LSC	

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
TWP
Reviewed By

Date:
4/26/13
Date:

Signature of Surveyor
[Signature]
Signature of Surveyor

Date:
4/26/13
Date:

Followup to Survey Completed on:
10/23/2012

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

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 26, 2013

Administrator
Bridge At Inverrary (the)
4291 Rock Island Road
Lauderhill, FL 33319

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 8, 2013 by a representative of 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. **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.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

J5XD

