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
	AL11966484	A. BUILDING: _____ B. WING _____	04/08/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT INVERRARY (THE)	4291 ROCK ISLAND ROAD LAUDERHILL, FL 33319

(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 ASSISTED LIVING FACILITY An Assisted Living Facility complaint inspection (CCR 2012012696, 2013001555, 2013002613 and 2013003637) was conducted on 04/08/2013 and 04/09/2013. The Bridge at Inverrary, had no licensure deficiencies found at the time of the visit. Please note: This survey was conducted in conjunction with the revisit survey for CCR 2012010798, refer to separate report for findings.	A 000		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

April 26, 2013

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

Re: CCR #s 2012012696, 2013003637, 2013000155 & 2013002613

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 8, 2013 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, Form CMS-2567, and State (3020) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 surveyor(s). Should you have any questions, please contact Arlene Mayo-Davis at (561) 381-5840.

Sincerely,

for Field Office Manager
Field Office Manager

AMD/dlt
Enclosure

Headquarters
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