

Agency for Health Care Administration

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|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11966484</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/08/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BRIDGE AT INVERRARY (THE)</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4291 ROCK ISLAND ROAD<br/>LAUDERHILL, FL 33319</b>                           |                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |                                                        |
| A 000                                                                | <p>Initial Comments</p> <p><b>ASSISTED LIVING FACILITY</b></p> <p>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.</p> <p>Please note: This survey was conducted in conjunction with the revisit survey for CCR 2012010798, refer to separate report for findings.</p> | A 000                                                                          |                                                                                                                          |                          |                                                        |

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0859

M62X11

If continuation sheet 1 of 1



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:

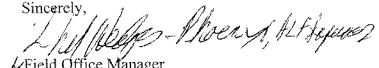
This letter reports the findings of a complaint survey completed on April 8, 2013 by representative(s) of this office.

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,

  
Field Office Manager  
Field Office Manager

AMD/dlt  
Enclosure

Headquarters  
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Tallahassee, FL 32308  
<http://ahca.myflorida.com>



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