

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/03/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911906	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Sarasota	STREET ADDRESS, CITY, STATE, ZIP CODE 8450 McIntosh Road Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-08/28/2013
0030-Resident Care - Rights & Facility Procedures-08/28/2013
0054-Medication - Records-08/28/2013
N278-Lns - Records-08/28/2013

This is the follow-up to the Biennial survey conducted on 8/28/13 at Clare Bridge of Sarasota an Assisted Living Facility (ALF). The census at the time of the survey was 34.

All previous citations have been substantially improved or corrected.

No deficiencies were cited relevant to the survey during this visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

0054-Medication - Records 58A-5.0185(5) FAC

N278-LNS - Records 58A-5.031(3) FAC



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2013

Administrator
Clare Bridge Of Sarasota
8450 McIntosh Road
Sarasota, FL 34238

Dear Administrator:

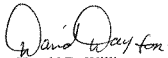
This letter reports the findings of a Biennial survey revisit conducted on August 28, 2013 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

